





corresponds to your choice. Please fill in the circle complete	V A A = 4
current or future services you or your child will receive. For each surve	
Please help our agency make services better by answering some questions	s. Your answers are confidential and will not influence

Approximately,	how long	has your child	received	l services l	here?
----------------	----------	----------------	----------	--------------	-------

\circ	Thic	ic	mu	child's	firet	vicit	horo
\circ	11112	12	1117	Cilliu 3	шы	VISIU	nere.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the last 6 months <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family 1	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the fol	lowing qu	estions	to let us know	a little	about	your chile	d.
1. What is your child's gender?	O Female	O Male	Other				
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No	O Unknown	1
What is your child's race? (mark	O American	Indian / Al	askan Native her Pacific Islander		nknown		
4. What is your child's date of birr Date of Birth (mm-dd-y	yyyy)	in the boxe	s AND fill in the EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	April 30, If Birth (mm	1987: n-dd-yyyy) 1987 0000 0000 0000 0000 0000	ample.)
5. In the past MONTH , how many \circ No arrests \circ 1 arrest		r child arres 3 arr		one annesta			
6. How often was your child absenue of 1 day or less 0 3 to 5 0 2 days 0 6 to 10	2 arrestsat from schoodaysAuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMu<td>l during the</td><td>e last MONTH?</td><td>Do not re</td><td>emember</td><td></td><td></td>	l during the	e last MONTH?	Do not re	emember		
7. Were the services your child receiv	•			l? • Yes	O No		
Was written information (e.g., brood education materials) available to yo	chures describi	ng available age you pref	services, your rights er? O Yes	s as a consu O No	mer, and	mental health	1
 Please identify who helped you comous I did not need any help. A mental health advocate / volumental health consumer. A member of my family helped member of my family helped member. 	iteer helped me helped me.	A profe.My chiA staff	essional interviewer ld's clinician / case	helped me manager he my child's	elped me.	or case mana	ger helped m
Thank you f	for taking	the tim	e to answer t	hese qu	estion	s!	
	FOR (FFICE	USE ONLY	<u>Y:</u>			
Date of Survey Administration: 1	1 -	-	2 0 0 3			ty Client Nu	
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	0 14 0 15 0	16 0 17 0) 18 \(\times 19 \(\times 20 \)	1 2	2 2 2	00000	2 2
County Question #2: 0 01 0 02 0 03 0 11 0 12 0 13 County Question #3: 0 01 0 02 0 03 0 11 0 12 0 13	0 14 0 15 00 04 0 05 0	0 16 0 17 0	0 18 0 19 0 20 0 08 0 09 0 10	34 55 66 78			0 0 0 0 0 0 0 0 0 0
				Rea O R	<u>ison</u> :	np 🔾 Lan	O Oth

1 0 0 0 0 0 0 0 0 0

81







Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct Incorrect

	<u> </u>	- 10030 === == t==0 0==0=0 00==- p =000=- y ·		
Annma	ximately, ho	w long has your child received services here?		

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter what	t. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for u	ıs. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or t	<u>family 1</u>	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of this	form, if r	eeded.				

We are interested in both positive and negative feedback.









Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.
1. What is your child's gender?	O Female	O Male	O Other		
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Ap Date of Bir 04 - 3 1 00 0 2 00 0 3 00 0 4 0 0 0 5 00 0 7 00 0 8 00 0	
5. In the past MONTH , how many					
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber
7. Were the services your child receiv				? • Yes •) No
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manager helped n
Thank you f	for taking	the time	e to answer ti	hese ques	tions!
	FOR (OFFICE	USE ONLY		
Date of Survey Administration: 1	1 -	-	2 0 0 3		County Client Number
County Question #1: \bigcirc 01 \bigcirc 02 \bigcirc 03 \bigcirc 11 \bigcirc 12 \bigcirc 13				1 0 2 @	000000000000000000000000000000000000000
County Question #2: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	4 4 5 6	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
County Question #3: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	7 0 8 0 9 0 Reasor	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
				○ Ref	○ Imp ○ Lan ○ Oth

1 0 0 0 0 0 0 0

0 1





Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE** Correct

chete mai	
Incorrect 🗶	

A	pį	proximately,	how lo	ong h	as your	child	received	services	here?
		. J		0	J				

○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

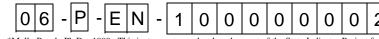
O My child has had more than one visit but has O 3 - 5 Months received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree,** or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not

experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

experienced, fill in the circle for Not Applicable to indicate	Strongly Disagree	Disagree	110	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form if n	eeded				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.







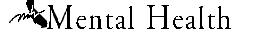


Please answer the fol	lowing qu	estions	to let us know	a little	about	your chile	d.	
1. What is your child's gender?	O Female	O Male	Other					
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No	O Unknown	1	
What is your child's race? (mark	O American	Indian / Al	askan Native her Pacific Islander		nknown			
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy)) EXAMPLE: Date of birth on April 30, 1987: Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
5. In the past MONTH , how many \circ No arrests \circ 1 arrest		r child arres 3 arr		one annesta				
6. How often was your child absenue of 1 day or less 0 3 to 5 0 2 days 0 6 to 10	2 arrestsat from schoodaysAuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMu<td>l during the</td><td>e last MONTH?</td><td>Do not re</td><td>emember</td><td></td><td></td>	l during the	e last MONTH?	Do not re	emember			
7. Were the services your child receiv	•			l? • Yes	O No			
Was written information (e.g., brood education materials) available to yo	chures describi	ng available age you pref	services, your rights er? O Yes	s as a consu O No	mer, and	mental health	1	
 Please identify who helped you comous I did not need any help. A mental health advocate / volumental health consumer. A member of my family helped member of my family helped member. 	iteer helped me helped me.	A profe.My chiA staff	essional interviewer ld's clinician / case	helped me manager he my child's	elped me.	or case mana	ger helped m	
Thank you f	for taking	the tim	e to answer t	hese qu	estion	s!		
	FOR (FFICE	USE ONLY	<u>Y:</u>				
Date of Survey Administration: 1	1 -	-	2 0 0 3			ty Client Nu		
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	0 14 0 15 0	16 0 17 0) 18 \(\times 19 \(\times 20 \)	1 2	2 2 2	00000	2 2	
County Question #2: 0 01 0 02 0 03 0 11 0 12 0 13 County Question #3: 0 01 0 02 0 03 0 11 0 12 0 13	0 14 0 15 00 04 0 05 0	0 16 0 17 0	0 18 0 19 0 20 0 08 0 09 0 10	34 55 66 78			0 0 0 0 0 0 0 0 0 0	
				Rea O R	<u>ison</u> :	np 🔾 Lan	O Oth	

1 0 0 0 0 0 0 0 2









Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Αŗ	proxi	imately	, how	long	has	your o	child	received	l services	here?	,
----	-------	---------	-------	------	-----	--------	-------	----------	------------	-------	---

\circ	Γhic	ic	mv	child's	firet	wicit	horo

○ 1 - 2 Months

O More than 1 year

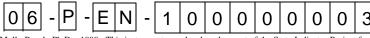
O My child has had more than one visit but has O 3 - 5 Months received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

······································	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	it. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and \not or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	ieeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









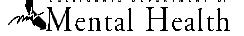
Please answer the fol	lowing qu	estions	to let us know	a little	about	your chile	d.	
1. What is your child's gender?	O Female	O Male	Other					
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No	O Unknown	1	
What is your child's race? (mark	O American	Indian / Al	askan Native her Pacific Islander		nknown			
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy)) EXAMPLE: Date of birth on April 30, 1987: Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
5. In the past MONTH , how many \circ No arrests \circ 1 arrest		r child arres 3 arr		one annesta				
6. How often was your child absenue of 1 day or less 0 3 to 5 0 2 days 0 6 to 10	2 arrestsat from schoodaysAuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMu<td>l during the</td><td>e last MONTH?</td><td>Do not re</td><td>emember</td><td></td><td></td>	l during the	e last MONTH?	Do not re	emember			
7. Were the services your child receiv	•			l? • Yes	O No			
Was written information (e.g., brood education materials) available to yo	chures describi	ng available age you pref	services, your rights er? O Yes	s as a consu O No	mer, and	mental health	1	
 Please identify who helped you comous I did not need any help. A mental health advocate / volumental health consumer. A member of my family helped member of my family helped member. 	iteer helped me helped me.	A profe.My chiA staff	essional interviewer ld's clinician / case	helped me manager he my child's	elped me.	or case mana	ger helped m	
Thank you f	for taking	the tim	e to answer t	hese qu	estion	s!		
	FOR (FFICE	USE ONLY	<u>Y:</u>				
Date of Survey Administration: 1	1 -	-	2 0 0 3			ty Client Nu		
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	0 14 0 15 0	16 0 17 0) 18 \(\times 19 \(\times 20 \)	1 2	2 2 2	00000	2 2	
County Question #2: 0 01 0 02 0 03 0 11 0 12 0 13 County Question #3: 0 01 0 02 0 03 0 11 0 12 0 13	0 14 0 15 00 04 0 05 0	0 16 0 17 0	0 18 0 19 0 20 0 08 0 09 0 10	34 55 66 78			0 0 0 0 0 0 0 0 0 0	
				Rea O R	<u>ison</u> :	np 🔾 Lan	O Oth	

1 0 0 0 0 0 0 0 3

81







Please help our agency make services better by answering some questions.	Your answers are confidential and will not influence
current or future services you or your child will receive. For each survey	y item below, please fill in the circle that
corresponds to your choice. Please fill in the circle completely	y. <u>EXAMPLE</u> : Correct Incorrect

Approximately,	how long	has your child	received	services here?
11 /	0	J		

○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the last 6 months <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree with each of the statements below. If the question is about something you or your child have not

experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter what	. 0	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for u	is. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or b	<u>family 1</u>	<u>received:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22 Dlagge provide comments here and /or on the healt of this	form if					

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the fol	lowing que	estions t	o let us know	a little about your child.
1. What is your child's gender?	O Female	O Male	O Other	
2. Are either of the child's parents	of Mexican /	Hispanic .	/ Latino origin?	○ Yes ○ No ○ Unknown
What is your child's race? (mark	O American	Indian / Ala	skan Native ner Pacific Islander	O Unknown
4. What is your child's date of bird Date of Birth (mm-dd-y -	yyy)]))))))	n the boxes		ircles that correspond. See Example.) of birth on April 30, 1987: Date of Birth (mm-dd-yyyy) 04 - 30 - 1987 0 0 0 0 0 0 0 0 1 00 00 00 0 2 00 00 00 0 3 00 0 0 0 0 0 4 0 0 0 0 0 0 5 00 0 0 0 0 6 00 0 0 0 0 0 8 00 0 0 0 0 9 0 0 0 0 0 0 9 0 0 0 0 0
5. In the past MONTH , how many \circ No arrests \circ 1 arrest	times was your • 2 arrests	child arrest		re arrests
6. How often was your child absen 0 1 day or less 0 2 days 0 6 to 10	t from school days ○ Mo	during the	last MONTH?	Do not remember
7. Were the services your child receive	ed provided in	the language	e he / she preferred?	^o ○ Yes ○ No
Was written information (e.g., broce education materials) available to yo	chures describir ou in the langua	ng available : ge you prefe	services, your rights er? O Yes C	as a consumer, and mental health No
 Please identify who helped you cor I did not need any help. A mental health advocate / volun Another mental health consumer A member of my family helped re 	teer helped me helped me.	A profeMy chilA staff	ssional interviewer l d's clinician / case n	helped me. nanager helped me. my child's clinician or case manager helped m
Thank you f	or taking	the time	e to answer tl	nese questions!
	FOR C	FFICE	USE ONLY	7.
Date of Survey Administration: 1	1 -	-	2 0 0 3	CSI County Client Number
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13				1 0 0 0 0 0 0 0 0 0 0 0 2 0 0 0 0 0 0 0
County Question #2: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13				3 0 0 0 0 0 0 0 0 0 0 4 0 0 0 0 0 0 0 0
County Question #3: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	06 O 07 C 16 O 17 C	0 08 \cap 09 \cap 10 0 18 \cap 19 \cap 20	7 0 0 0 0 0 0 0 0 0 0 0 8 0 0 0 0 0 0 0
				O Ref O Imp O Lan O Oth

1 0 0 0 0 0 0 0 4





Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXA**

, , pica	,	uic	cheic un		
MPLE:	Correct		Incorrect	X	•

Ar	proximately,	how long	has you	r child 1	received	services	here?
	, , , , , , , , , , , , , , , , , , ,	- · · · · · · · · · · · · · · · · · · ·	, J				

○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter what	. 0	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for u	is. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or t	<u>family 1</u>	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of this	form, if r	ieeded.				

We are interested in both positive and negative feedback.









Please answer the following questions to let us know a little about your child.										
1. What is your child's gender? ○ Female ○ Male ○ Other										
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown										
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other										
Asian ○ Other (4) What is your child's date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.) Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth 0										
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?										
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school										
7. Were the services your child received provided in the language he / she preferred? • Yes • No										
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No										
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager A staff member other than my child's clinician or case manager Someone else helped me. 	helped m									
Thank you for taking the time to answer these questions!										
FOR OFFICE USE ONLY:										
Date of Survey Administration: 1 1 - 2 0 0 3 County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>									
County Question #2: 010 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20 20 20 20 20 20 20 20 20 20 20 20 2	0 0 0 0									
County Question #3: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 7 0 08 0 09 0 10 8 0 09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	⑦ ③									

1 0 0 0

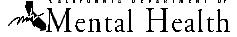
0

0 0

0 5









Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Approximately,	how long	has your child	l received	services l	here?
----------------	----------	----------------	------------	------------	-------

○ This is my child's first visit here.

○ 1 - 2 Months

O My child has had more than one visit but has O 3 - 5 Months

O More than 1 year

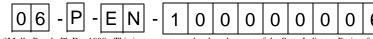
received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family 1	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.







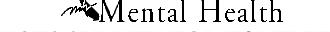


Please answer the fol	lowing que	estions t	o let us know	a little about your child.
1. What is your child's gender?	O Female	O Male	O Other	
2. Are either of the child's parents	of Mexican /	Hispanic .	/ Latino origin?	○ Yes ○ No ○ Unknown
What is your child's race? (mark	O American	Indian / Ala	skan Native ner Pacific Islander	O Unknown
4. What is your child's date of bird Date of Birth (mm-dd-y -	yyy)]))))))	n the boxes		ircles that correspond. See Example.) of birth on April 30, 1987: Date of Birth (mm-dd-yyyy) 04 - 30 - 1987 0 0 0 0 0 0 0 0 1 00 00 00 0 2 00 00 00 0 3 00 0 0 0 0 0 4 0 0 0 0 0 0 5 00 0 0 0 0 6 00 0 0 0 0 0 8 00 0 0 0 0 9 0 0 0 0 0 0 9 0 0 0 0 0
5. In the past MONTH , how many \circ No arrests \circ 1 arrest	times was your • 2 arrests	child arrest		re arrests
6. How often was your child absen 0 1 day or less 0 2 days 0 6 to 10	t from school days ○ Mo	during the	last MONTH?	Do not remember
7. Were the services your child receive	ed provided in	the language	e he / she preferred?	^o ○ Yes ○ No
Was written information (e.g., broce education materials) available to yo	chures describir ou in the langua	ng available : ge you prefe	services, your rights er? O Yes C	as a consumer, and mental health No
 Please identify who helped you cor I did not need any help. A mental health advocate / volun Another mental health consumer A member of my family helped re 	teer helped me helped me.	A profeMy chilA staff	ssional interviewer l d's clinician / case n	helped me. nanager helped me. my child's clinician or case manager helped m
Thank you f	or taking	the time	e to answer tl	nese questions!
	FOR C	FFICE	USE ONLY	7.
Date of Survey Administration: 1	1 -	-	2 0 0 3	CSI County Client Number
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13				1 0 0 0 0 0 0 0 0 0 0 0 2 0 0 0 0 0 0 0
County Question #2: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13				3 0 0 0 0 0 0 0 0 0 0 4 0 0 0 0 0 0 0 0
County Question #3: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	06 O 07 C 16 O 17 C	0 08 \cap 09 \cap 10 0 18 \cap 19 \cap 20	7 0 0 0 0 0 0 0 0 0 0 0 8 0 0 0 0 0 0 0
				O Ref O Imp O Lan O Oth

1 0 0 0 0 0 0 0 6







Approximately have language vous child received corriege have	2			
corresponds to your choice. Please fill in the circle complete	ly. <u>EXAMPLE</u> :	Correct •	Incorrect 🗶 🤇	
current or future services you or your child will receive. For each surve	ey item below, plea	se fill in the	circle that	4
Please help our agency make services better by answering some questions	. Your answers are co	onfidential and	will not influence	:е

Approximately,	how long	has your child	received	services	here?
----------------	----------	----------------	----------	----------	-------

\circ	Thic	ic	mu	child's	firet	vicit	horo
\circ	11112	12	1117	Cilliu 3	шы	VISIU	nere.

○ 1 - 2 Months

O More than 1 year

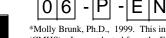
O My child has had more than one visit but has O 3 - 5 Months received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

We are interested in both positive and negative feedback.

Continued on the Next Page...



Page 1 of 2



Please answer the following questions to let us know a little about your child.										
1. What is your child's gender? ○ Female ○ Male ○ Other										
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown										
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other										
Asian ○ Other (4) What is your child's date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.) Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth 0										
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?										
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school										
7. Were the services your child received provided in the language he / she preferred? • Yes • No										
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No										
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager A staff member other than my child's clinician or case manager Someone else helped me. 	helped m									
Thank you for taking the time to answer these questions!										
FOR OFFICE USE ONLY:										
Date of Survey Administration: 1 1 - 2 0 0 3 County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>									
County Question #2: 010 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20 20 20 20 20 20 20 20 20 20 20 20 2	0 0 0 0									
County Question #3: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 7 0 08 0 09 0 10 8 0 09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	⑦ ③									

1 0 0 0

0

0 0

0 7





Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXA**N

w, picus	,	uic	CHUIC	uiut	
MPLE:	Correct		Incorr	ect 🗶	(

A	pį	proximately,	how lo	ong h	as your	child	received	services	here?
		. J		0	J				

○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

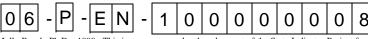
O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter what	t. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for u	ıs. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or t	<u>family 1</u>	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of this	form, if r	eeded.				

We are interested in both positive and negative feedback.









Please answer the fol	lowing qu	estions	to let us know	a little	about	your chile	d.
1. What is your child's gender?	O Female	O Male	Other				
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No	O Unknown	1
What is your child's race? (mark	O American	Indian / Al	askan Native her Pacific Islander		nknown		
4. What is your child's date of birr Date of Birth (mm-dd-y	yyyy)	in the boxe	s AND fill in the EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	April 30, If Birth (mm	1987: n-dd-yyyy) 1987 0000 0000 0000 0000 0000	ample.)
5. In the past MONTH , how many \circ No arrests \circ 1 arrest		r child arres 3 arr		one annesta			
6. How often was your child absenue of 1 day or less 0 3 to 5 0 2 days 0 6 to 10	2 arrestsat from schoodaysAuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMu<td>l during the</td><td>e last MONTH?</td><td>Do not re</td><td>emember</td><td></td><td></td>	l during the	e last MONTH?	Do not re	emember		
7. Were the services your child receiv	•			l? • Yes	O No		
Was written information (e.g., brood education materials) available to yo	chures describi	ng available age you pref	services, your rights er? O Yes	s as a consu O No	mer, and	mental health	1
 Please identify who helped you comous I did not need any help. A mental health advocate / volumental health consumer. A member of my family helped member of my family helped member. 	iteer helped me helped me.	A profe.My chiA staff	essional interviewer ld's clinician / case	helped me manager he my child's	elped me.	or case mana	ger helped m
Thank you f	for taking	the tim	e to answer t	hese qu	estion	s!	
	FOR (FFICE	USE ONLY	<u>Y:</u>			
Date of Survey Administration: 1	1 -	-	2 0 0 3			ty Client Nu	
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	0 14 0 15 0	16 0 17 0	18 0 19 0 20	1 2	2 2 2	00000	2 2
County Question #2: 0 01 0 02 0 03 0 11 0 12 0 13 County Question #3: 0 01 0 02 0 03 0 11 0 12 0 13	0 14 0 15 00 04 0 05 0	0 16 0 17 0	0 18 0 19 0 20 0 08 0 09 0 10	34 55 66 78			0 0 0 0 0 0 0 0 0 0
				Rea O R	<u>ison</u> :	np 🔾 Lan	O Oth

1 0 0 0 0 0 0 0 8









Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXA**

vi, picus	,	uic	circle till		
MPLE:	Correct		Incorrect	X	

Ar	proximately,	how long	has you	r child 1	received	services	here?
	, , , , , , , , , , , , , , , , , , ,	- · · · · · · · · · · · · · · · · · · ·	, J				

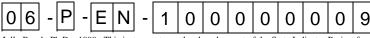
- This is my child's first visit here.
- 1 2 Months
- O More than 1 year
- O My child has had more than one visit but has O 3 5 Months

 - received services for less than one month.
- O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

······································	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	it. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and \not or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	ieeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the fol	lowing qu	estions	to let us know	a little	about	your chile	d.
1. What is your child's gender?	O Female	O Male	Other				
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No	O Unknown	1
What is your child's race? (mark	O American	Indian / Al	askan Native her Pacific Islander		nknown		
4. What is your child's date of birr Date of Birth (mm-dd-y	yyyy)	in the boxe	s AND fill in the EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	April 30, If Birth (mm	1987: n-dd-yyyy) 1987 0000 0000 0000 0000 0000	ample.)
5. In the past MONTH , how many \circ No arrests \circ 1 arrest		r child arres 3 arr		one annesta			
6. How often was your child absenue of 1 day or less 0 3 to 5 0 2 days 0 6 to 10	2 arrestsat from schoodaysAuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMu<td>l during the</td><td>e last MONTH?</td><td>Do not re</td><td>emember</td><td></td><td></td>	l during the	e last MONTH?	Do not re	emember		
7. Were the services your child receiv	•			l? • Yes	O No		
Was written information (e.g., brood education materials) available to yo	chures describi	ng available age you pref	services, your rights er? O Yes	s as a consu O No	mer, and	mental health	1
 Please identify who helped you comous I did not need any help. A mental health advocate / volumental health consumer. A member of my family helped member of my family helped member. 	iteer helped me helped me.	A profe.My chiA staff	essional interviewer ld's clinician / case	helped me manager he my child's	elped me.	or case mana	ger helped m
Thank you f	for taking	the tim	e to answer t	hese qu	estion	s!	
	FOR (FFICE	USE ONLY	<u>Y:</u>			
Date of Survey Administration: 1	1 -	-	2 0 0 3			ty Client Nu	
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	0 14 0 15 0	16 0 17 0	18 0 19 0 20	1 2	2 2 2	00000	2 2
County Question #2: 0 01 0 02 0 03 0 11 0 12 0 13 County Question #3: 0 01 0 02 0 03 0 11 0 12 0 13	0 14 0 15 00 04 0 05 0	0 16 0 17 0	0 18 0 19 0 20 0 08 0 09 0 10	34 55 66 78			0 0 0 0 0 0 0 0 0 0
				Rea O R	<u>ison</u> :	np 🔾 Lan	O Oth

1 0 0 0 0 0 0 0 9









Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct Incorrect

Approximately, how long has your child received services here?								
This is my child's first visit here.	○ 1 - 2 Months							
O My child has had more than one visit but has received services for less than one month.	O 3 - 5 Months O 6 months to 1 year							
	onths <u>OR</u> if services have not been received for 6 months, just give Indicate if you Strongly Disagree , Disagree , are Undecided ,							

Ple Agree, or Strongly Agree with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

••	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and \not or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the fol	lowing qu	estions	to let us know	a little	about	your chile	d.
1. What is your child's gender?	O Female	O Male	Other				
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No	O Unknown	1
What is your child's race? (mark	O American	Indian / Al	askan Native her Pacific Islander		nknown		
4. What is your child's date of birr Date of Birth (mm-dd-y	yyyy)	in the boxe	s AND fill in the EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	April 30, If Birth (mm	1987: n-dd-yyyy) 1987 0000 0000 0000 0000 0000	ample.)
5. In the past MONTH , how many \circ No arrests \circ 1 arrest		r child arres 3 arr		one annesta			
6. How often was your child absenue of 1 day or less 0 3 to 5 0 2 days 0 6 to 10	2 arrestsat from schoodaysAuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMu<td>l during the</td><td>e last MONTH?</td><td>Do not re</td><td>emember</td><td></td><td></td>	l during the	e last MONTH?	Do not re	emember		
7. Were the services your child receiv	•			l? • Yes	O No		
Was written information (e.g., brood education materials) available to yo	chures describi	ng available age you pref	services, your rights er? O Yes	s as a consu O No	mer, and	mental health	1
 Please identify who helped you comous I did not need any help. A mental health advocate / volumental health consumer. A member of my family helped member of my family helped member. 	iteer helped me helped me.	A profe.My chiA staff	essional interviewer ld's clinician / case	helped me manager he my child's	elped me.	or case mana	ger helped m
Thank you f	for taking	the tim	e to answer t	hese qu	estion	s!	
	FOR (FFICE	USE ONLY	<u>Y:</u>			
Date of Survey Administration: 1	1 -	-	2 0 0 3			ty Client Nu	
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	0 14 0 15 0	16 0 17 0	18 0 19 0 20	1 2	2 2 2	00000	2 2
County Question #2: 0 01 0 02 0 03 0 11 0 12 0 13 County Question #3: 0 01 0 02 0 03 0 11 0 12 0 13	0 14 0 15 00 04 0 05 0	0 16 0 17 0	0 18 0 19 0 20 0 08 0 09 0 10	34 55 66 78			0 0 0 0 0 0 0 0 0 0
				Rea O R	<u>ison</u> :	np 🔾 Lan	O Oth

1 0 0 0 0 0 0

1 0

81







Not

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence

current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Approximately, how	long has y	your child recei	ved services here?
--------------------	------------	------------------	--------------------

0	This	is	mv	child's	first	visit	here.

○ 1 - 2 Months

O More than 1 year

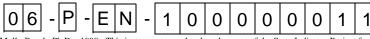
O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.		0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and \not or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22 Please provide comments here and for on the back of this	is form if n	hahaa				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









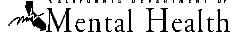
Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.
1. What is your child's gender?	O Female	O Male	O Other		
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Ap Date of Bir 04 - 3 1 00 0 2 00 0 3 00 0 4 0 0 0 5 00 0 7 00 0 8 00 0	
5. In the past MONTH , how many					
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber
7. Were the services your child receiv				? • Yes •) No
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manager helped n
Thank you f	for taking	the time	e to answer ti	hese ques	tions!
	FOR (OFFICE	USE ONLY		
Date of Survey Administration: 1	1 -	-	2 0 0 3		County Client Number
County Question #1: \bigcirc 01 \bigcirc 02 \bigcirc 03 \bigcirc 11 \bigcirc 12 \bigcirc 13				1 0 2 @	000000000000000000000000000000000000000
County Question #2: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	4 4 5 6	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
County Question #3: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	7 0 8 0 9 0 Reasor	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
				○ Ref	○ Imp ○ Lan ○ Oth

1 0 0 0 0 0 0 0

1







Please help our agency make services better by answering some questions.	Your answers are cor	nfidential a	and will not influence
current or future services you or your child will receive. For each survey	item below, pleas	se fill in t	the circle that
corresponds to your choice. Please fill in the circle completely.	EXAMPLE:	Correct	• Incorrect 🗶 💙

Αŗ	proxi	imately	, how	long	has	your o	child	received	l services	here?	,
----	-------	---------	-------	------	-----	--------	-------	----------	------------	-------	---

\cap	Phic	ic	mv	child's	firet	wieit	horo
\circ	1 1115	15	HIIV	CHIIICES	HIISI	VISII	nere.

○ 1 - 2 Months

O More than 1 year

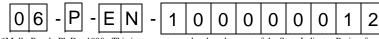
O My child has had more than one visit but has O 3 - 5 Months received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and \not or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the following questions to let us know a little about your child.	
1. What is your child's gender? ○ Female ○ Male ○ Other	
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown	
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other	
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 2. Fill in the corresponding 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iple.)
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?	
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school	
7. Were the services your child received provided in the language he / she preferred? • Yes • No	
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager A staff member other than my child's clinician or case manager Someone else helped me. 	helped m
Thank you for taking the time to answer these questions!	
FOR OFFICE USE ONLY:	
Date of Survey Administration: 1 1 - 2 0 0 3 County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>
County Question #2: 010 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20 20 20 20 20 20 20 20 20 20 20 20 2	0 0 0 0
County Question #3: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 7 0 08 0 09 0 10 8 0 09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	⑦ ③

1 0 0 0

0 0 0 1







O More than 1 year



YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct Incorrect

O My child has had more than one visit but has received services for less than one month.		Months ths to 1 yea	r	•							
Please answer the following questions based on the last 6 months <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree , Disagree , are Undecided , Agree , or Strongly Agree with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for Not Applicable to indicate that this item does not apply.											
St	rongly isagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable					
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0					
2. I helped to choose my child's services.	0	0	0	0	0	0					
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0					
4. The people helping my child stuck with us no matter what.	0	0	0	0	0	0					
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0					
6. I participated in my child's treatment.	0	0	0	0	0	0					
7. The services my child and / or family received were right for us.	0	0	0	0	0	0					
8. The location of services was convenient for us.	0	0	0	0	0	0					
9. Services were available at times that were convenient for us.	. 0	0	0	0	0	0					
10. My family got the help we wanted for my child.	0	0	0	0	0	0					
11. My family got as much help as we needed for my child.	0	0	0	0	0	0					
12. Staff treated me with respect.	0	0	0	0	0	0					
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0					
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0					

As a result of the services my child and / or family received:

15. Staff were sensitive to my cultural / ethnic background.

Approximately, how long has your child received services here?

○ This is my child's first visit here.

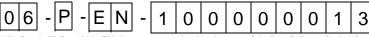
16. My child is better at handling daily life. 17. My child gets along better with family members. 18. My child gets along better with friends and other people.

19. My child is doing better in school and / or work.

20. My child is better able to cope when things go wrong. 21. I am satisfied with our family life right now.

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page..









Please answer the fol	lowing qu	estions	to let us know	a little	about	your chile	d.
1. What is your child's gender?	O Female	O Male	Other				
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No	O Unknown	1
What is your child's race? (mark	O American	Indian / Al	askan Native her Pacific Islander		nknown		
4. What is your child's date of birr Date of Birth (mm-dd-y	yyyy)	in the boxe	s AND fill in the EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	April 30, If Birth (mm	1987: n-dd-yyyy) 1987 0000 0000 0000 0000 0000	ample.)
5. In the past MONTH , how many \circ No arrests \circ 1 arrest		r child arres 3 arr		one annesta			
6. How often was your child absenue of 1 day or less 0 3 to 5 0 2 days 0 6 to 10	2 arrestsat from schoodaysAuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMu<td>l during the</td><td>e last MONTH?</td><td>Do not re</td><td>emember</td><td></td><td></td>	l during the	e last MONTH?	Do not re	emember		
7. Were the services your child receiv	•			l? • Yes	O No		
Was written information (e.g., brood education materials) available to yo	chures describi	ng available age you pref	services, your rights er? O Yes	s as a consu O No	mer, and	mental health	1
 Please identify who helped you comous I did not need any help. A mental health advocate / volumental health consumer. A member of my family helped member of my family helped member. 	iteer helped me helped me.	A profe.My chiA staff	essional interviewer ld's clinician / case	helped me manager he my child's	elped me.	or case mana	ger helped m
Thank you f	for taking	the tim	e to answer t	hese qu	estion	s!	
	FOR (FFICE	USE ONLY	<u>Y:</u>			
Date of Survey Administration: 1	1 -	-	2 0 0 3			ty Client Nu	
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	0 14 0 15 0	16 0 17 0	18 0 19 0 20	1 2	2 2 2	00000	2 2
County Question #2: 0 01 0 02 0 03 0 11 0 12 0 13 County Question #3: 0 01 0 02 0 03 0 11 0 12 0 13	0 14 0 15 00 04 0 05 0	0 16 0 17 0	0 18 0 19 0 20 0 08 0 09 0 10	34 55 66 78			0 0 0 0 0 0 0 0 0 0
				Rea O R	<u>ison</u> :	np 🔾 Lan	O Oth

1 0 0 0 0 0 0 0

81









Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct Incorrect

Approximately, how long has your child received s	services here?		
○ This is my child's first visit here.	○ 1 - 2 Months	O More than 1 year	

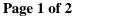
O My child has had more than one visit but has O 3 - 5 Months received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

······································	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	it. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and \not or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	ieeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the fol	lowing que	estions t	o let us know	a little about your child.
1. What is your child's gender?	O Female	O Male	O Other	
2. Are either of the child's parents	of Mexican /	Hispanic .	/ Latino origin?	○ Yes ○ No ○ Unknown
What is your child's race? (mark	O American	Indian / Ala	skan Native ner Pacific Islander	O Unknown
4. What is your child's date of bird Date of Birth (mm-dd-y -	yyy)]))))))	n the boxes		ircles that correspond. See Example.) of birth on April 30, 1987: Date of Birth (mm-dd-yyyy) 04 - 30 - 1987 0 0 0 0 0 0 0 0 1 00 00 00 0 2 00 00 00 0 3 00 0 0 0 0 0 4 0 0 0 0 0 0 5 00 0 0 0 0 6 00 0 0 0 0 0 8 00 0 0 0 0 9 0 0 0 0 0 0 9 0 0 0 0 0
5. In the past MONTH , how many \circ No arrests \circ 1 arrest	times was your • 2 arrests	child arrest		re arrests
6. How often was your child absen 0 1 day or less 0 2 days 0 6 to 10	t from school days ○ Mo	during the	last MONTH?	Do not remember
7. Were the services your child receive	ed provided in	the language	e he / she preferred?	^o ○ Yes ○ No
Was written information (e.g., broce education materials) available to yo	chures describir ou in the langua	ng available : ge you prefe	services, your rights er? O Yes C	as a consumer, and mental health No
 Please identify who helped you cor I did not need any help. A mental health advocate / volun Another mental health consumer A member of my family helped re 	teer helped me helped me.	A profeMy chilA staff	ssional interviewer l d's clinician / case n	helped me. nanager helped me. my child's clinician or case manager helped m
Thank you f	or taking	the time	e to answer tl	nese questions!
	FOR C	FFICE	USE ONLY	7.
Date of Survey Administration: 1	1 -	-	2 0 0 3	CSI County Client Number
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13				1 0 0 0 0 0 0 0 0 0 0 0 2 0 0 0 0 0 0 0
County Question #2: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13				3 0 0 0 0 0 0 0 0 0 0 4 0 0 0 0 0 0 0 0
County Question #3: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	06 O 07 C 16 O 17 C	0 08 \cap 09 \cap 10 0 18 \cap 19 \cap 20	7 0 0 0 0 0 0 0 0 0 0 0 8 0 0 0 0 0 0 0
				O Ref O Imp O Lan O Oth

1 0 0 0 0 0 0 0







Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresp

ponds to your choice. Please fill in the circle completely.	EXAMPLE : Correct	Incorrect X

Approximately	, how	long l	has your	child	received	services	here?
---------------	-------	--------	----------	-------	----------	----------	-------

○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

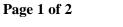
received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	is form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the following questions to let us know a little about your child.							
1. What is your child's gender? O Female O Male O Other							
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown							
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other							
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth on April 30, 1987: Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 2. Fill in the corresponding circles 2. Fill in the corresponding circles 3. ○ ○ 4. ○ ○ 5. ○ ○ 6. ○ ○ 7. ○ ○ 8. ○ ○ 9. ○ ○ 9. ○ ○ 1. Write in your child's date of birth on April 30, 1987: 1. Write in your child's date of birth (mm-dd-yyyy) 2. Fill in the corresponding circles 3. ○ ○ 4. ○ ○ 5. ○ ○ 6. ○ ○ 9. ○ ○ 9. ○ ○ 9. ○ ○ 9. ○ ○ 9. ○ ○ 9. ○ ○ 9. ○ ○ 9. ○ ○ 9. ○ ○ 9. ○ ○ <t< td=""><td>ple.)</td></t<>	ple.)						
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?							
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O 6 to 10 days O Not applicable / Not in school							
7. Were the services your child received provided in the language he / she preferred? • Yes • No							
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No							
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A staff member other than my child's clinician or case manager helped me. Someone else helped me. 							
Thank you for taking the time to answer these questions!							
FOR OFFICE USE ONLY:							
Date of Survey Administration: 1 1 - 2 0 0 3 County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>						
County Question #2: 010 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20 20 20 20 3 0 0 0 0 0 0 0 0 0 0 0 0	3 4 5						
County Question #3: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 7 0 08 0 09 0 10 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20 County Question #3: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	⑦ ③						

1 0 0 0

0 0 0

1 5

81









Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Approximately, how long has your child received services here?								
 This is my child's first visit here. 	○ 1 - 2 Months	O More than 1 year						
O My child has had more than one visit but has	○ 3 - 5 Months	·						
received services for less than one month	O 6 months to 1 year	r						

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter what	t. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for u	ıs. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	<u>family r</u>	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of this	s form, if n	eeded.				

We are interested in both positive and negative feedback.









Please answer the fo	llowing qu	estions	to let us know	a little	about	your chil	d.
1. What is your child's gender?	O Female	O Male	Other				
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No	O Unknown	1
What is your child's race? (mar.	O American	Indian / Al	askan Native her Pacific Islander		ıknown		
4. What is your child's date of bir Date of Birth (mm-dd-y	/yyy)	in the boxe	s AND fill in the EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	April 30, If Birth (mn) If Birth (mn) If Dividing the control of the control o	1987: n-dd-yyyy) 1987 000 0000 0000 0000 0000	ample.)
5. In the past MONTH, how many							
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysMdaysON	O 3 arr l during the ore than 10 ot applicabl	e last MONTH?	Do not re	emember		
7. Were the services your child receiv	·			l? • Yes	O No		
Was written information (e.g., broom education materials) available to yo	chures describi ou in the langua	ng available age you pref	services, your rights er? O Yes	s as a consu O No	mer, and	mental health	1
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A member of my family helped me. Someone else helped me. Who?: 							
Thank you i	for taking	the tim	e to answer t	hese qu	estion	ıs!	
	FOR (FFICE	USE ONLY	<u>Y:</u>			
Date of Survey Administration: 1	1 -	_	2 0 0 3			ty Client Nu	
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	0 14 0 15 0	06 0 07 0) 18 \(\times 19 \(\times 20 \)	1 2	2 2 2	00000	2 2
County Question #2: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13 County Question #3: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	0 14 0 15 0 04 0 05 	0 16 0 17 0	0 18 0 19 0 20 0 08 0 09 0 10	3 4 5 6 7 8			0 0 0 0 0 0 0 0 0 0
				Rea O R	<u>ison</u> :)	⊙ ⊙ Oth

1 0 0 0 0 0 0

1 6

81









Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Approximately,	how long l	has your child	received	l services l	here?
----------------	------------	----------------	----------	--------------	-------

0	This	is	mv	child's	first	visit	here.

○ 1 - 2 Months

O More than 1 year

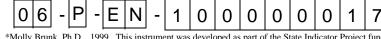
O My child has had more than one visit but has O 3 - 5 Months received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

······································	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	it. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of this	s form, if n	ieeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.







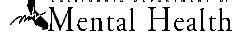


Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.		
1. What is your child's gender?	O Female	O Male	O Other				
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown		
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkn	own		
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	of birth on App Date of Bir 04 - 3 1 00 0 2 00 0 3 00 0 4 0 0 0 5 00 0 7 00 0 8 00 0		mple.)	
5. In the past MONTH , how many							
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td><td></td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber		
7. Were the services your child receiv				? • Yes •	No No		
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health		
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A staff member other than my child's clinician or case manager helped me. Someone else helped me. 							
Thank you f	for taking	the time	e to answer ti	hese ques	stions!		
	FOR (OFFICE	USE ONLY			_	
Date of Survey Administration: 1	1 -	-	2 0 0 3		County Client Nun		
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13				1 0 2 0	$egin{pmatrix} 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 $	0 0	
County Question #2: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 C14 0 15 C	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	4 4 5 6)	3 3	
County Question #3: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	O 04 O 05 C O 14 O 15 C	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	7 0 8 0 9 0 Reaso i)) (3) (3) (9	
				○ Ref	○ Imp ○ Lan	O Oth	

1 0 0 0 0 0 0 0









Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Αŗ	proxi	imately	, how	long	has	your o	child	received	l services	here?	,
----	-------	---------	-------	------	-----	--------	-------	----------	------------	-------	---

\circ	Γhiς	iç	mv	child's	first	visit	here
\sim	i iliə	1.5	1111	CHILLY	111.51	V 1.511	HEIE.

○ 1 - 2 Months

O More than 1 year

O This	s is my	child's	first visit	here.
- 17	1 41 1 1	1 1	.1	

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter what	t. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for u	ıs. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or t	<u>family 1</u>	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of this	form, if r	eeded.				

We are interested in both positive and negative feedback.

Continued on the Next Page...



Page 1 of 2





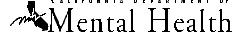
Please answer the fol	lowing qu	estions	to let us know	a little	about	your chile	d.
1. What is your child's gender?	O Female	O Male	Other				
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No	O Unknown	1
What is your child's race? (mark	O American	Indian / Al	askan Native her Pacific Islander		nknown		
4. What is your child's date of birr Date of Birth (mm-dd-y	yyyy)	in the boxe	s AND fill in the EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	April 30, If Birth (mm	1987: n-dd-yyyy) 1987 0000 0000 0000 0000 0000	ample.)
5. In the past MONTH , how many \circ No arrests \circ 1 arrest		r child arres 3 arr		one annesta			
6. How often was your child absenue of 1 day or less 0 3 to 5 0 2 days 0 6 to 10	2 arrestsat from schoodaysAuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMu<td>l during the</td><td>e last MONTH?</td><td>Do not re</td><td>emember</td><td></td><td></td>	l during the	e last MONTH?	Do not re	emember		
7. Were the services your child receiv	•			l? • Yes	O No		
Was written information (e.g., brood education materials) available to yo	chures describi	ng available age you pref	services, your rights er? O Yes	s as a consu O No	mer, and	mental health	1
 Please identify who helped you comous I did not need any help. A mental health advocate / volumental health consumer. A member of my family helped member of my family helped member. 	iteer helped me helped me.	A profe.My chiA staff	essional interviewer ld's clinician / case	helped me manager he my child's	elped me.	or case mana	ger helped m
Thank you f	for taking	the tim	e to answer t	hese qu	estion	s!	
	FOR (FFICE	USE ONLY	<u>Y:</u>			
Date of Survey Administration: 1	1 -	-	2 0 0 3			ty Client Nu	
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	0 14 0 15 0	16 0 17 0	18 0 19 0 20	1 2	2 2 2	00000	2 2
County Question #2: 0 01 0 02 0 03 0 11 0 12 0 13 County Question #3: 0 01 0 02 0 03 0 11 0 12 0 13	0 14 0 15 00 04 0 05 0	0 16 0 17 0	0 18 0 19 0 20 0 08 0 09 0 10	34 55 66 78			0 0 0 0 0 0 0 0 0 0
				Rea O R	<u>ison</u> :	np 🔾 Lan	O Oth

1 0 0 0 0 0 0

81









Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Ap	proximately,	how long	has	your child	received	services	here?
	, , , , , , , , , , , , , , , , , , ,			J			

0	This	is	mv	child's	first	visit	here.

○ 1 - 2 Months

O More than 1 year O My child has had more than one visit but has O 3 - 5 Months received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family 1	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page..



Page 1 of 2





Please answer the fol	lowing qu	estions	to let us know	a little	about	your chile	d.
1. What is your child's gender?	O Female	O Male	Other				
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No	O Unknown	1
What is your child's race? (mark	O American	Indian / Al	askan Native her Pacific Islander		nknown		
4. What is your child's date of birr Date of Birth (mm-dd-y	yyyy)	in the boxe	s AND fill in the EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	April 30, If Birth (mm	1987: n-dd-yyyy) 1987 0000 0000 0000 0000 0000	ample.)
5. In the past MONTH , how many \circ No arrests \circ 1 arrest		r child arres 3 arr		one annesta			
6. How often was your child absenue of 1 day or less 0 3 to 5 0 2 days 0 6 to 10	2 arrestsat from schoodaysAuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMu<td>l during the</td><td>e last MONTH?</td><td>Do not re</td><td>emember</td><td></td><td></td>	l during the	e last MONTH?	Do not re	emember		
7. Were the services your child receiv	•			l? • Yes	O No		
Was written information (e.g., brood education materials) available to yo	chures describi	ng available age you pref	services, your rights er? O Yes	s as a consu O No	mer, and	mental health	1
 Please identify who helped you comous I did not need any help. A mental health advocate / volumental health consumer. A member of my family helped member of my family helped member. 	iteer helped me helped me.	A profe.My chiA staff	essional interviewer ld's clinician / case	helped me manager he my child's	elped me.	or case mana	ger helped m
Thank you f	for taking	the tim	e to answer t	hese qu	estion	s!	
	FOR (FFICE	USE ONLY	<u>Y:</u>			
Date of Survey Administration: 1	1 -	-	2 0 0 3			ty Client Nu	
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	0 14 0 15 0	16 0 17 0	18 0 19 0 20	1 2	2 2 2	00000	2 2
County Question #2: 0 01 0 02 0 03 0 11 0 12 0 13 County Question #3: 0 01 0 02 0 03 0 11 0 12 0 13	0 14 0 15 00 04 0 05 0	0 16 0 17 0	0 18 0 19 0 20 0 08 0 09 0 10	34 55 66 78			0 0 0 0 0 0 0 0 0 0
				Rea O R	<u>ison</u> :	np 🔾 Lan	O Oth

1 0 0 0 0 0 0 0

81







Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct

е	circie in	at	
)	Incorrect	X	•

A	DI	proximat	elv.	how	long	has	vour	child	received	services	here?
	_		, ,				.,				

\sim	TD1 •	•		1 -1 1:	C .	,	1
()	I nic	10	mv	child's	firct	VICIT	noro
\sim	TIIIO	IJ	1111	Cimus	шы	VISIL	mu.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family 1	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page...









Please answer the fol	lowing qu	estions	to let us know	a little	about	your chile	d.
1. What is your child's gender?	O Female	O Male	Other				
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No	O Unknown	1
What is your child's race? (mark	O American	Indian / Al	askan Native her Pacific Islander		nknown		
4. What is your child's date of birr Date of Birth (mm-dd-y	yyyy)	in the boxe	s AND fill in the EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	April 30, If Birth (mm	1987: n-dd-yyyy) 1987 0000 0000 0000 0000 0000	ample.)
5. In the past MONTH , how many \circ No arrests \circ 1 arrest		r child arres 3 arr		one annesta			
6. How often was your child absenue of 1 day or less 0 3 to 5 0 2 days 0 6 to 10	2 arrestsat from schoodaysAuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMu<td>l during the</td><td>e last MONTH?</td><td>Do not re</td><td>emember</td><td></td><td></td>	l during the	e last MONTH?	Do not re	emember		
7. Were the services your child receiv	•			l? • Yes	O No		
Was written information (e.g., brood education materials) available to yo	chures describi	ng available age you pref	services, your rights er? O Yes	s as a consu O No	mer, and	mental health	1
 Please identify who helped you comous I did not need any help. A mental health advocate / volumental health consumer. A member of my family helped member of my family helped member. 	iteer helped me helped me.	A profe.My chiA staff	essional interviewer ld's clinician / case	helped me manager he my child's	elped me.	or case mana	ger helped m
Thank you f	for taking	the tim	e to answer t	hese qu	estion	s!	
	FOR (FFICE	USE ONLY	<u>Y:</u>			
Date of Survey Administration: 1	1 -	-	2 0 0 3			ty Client Nu	
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	0 14 0 15 0	16 0 17 0	18 0 19 0 20	1 2	2 2 2	00000	2 2
County Question #2: 0 01 0 02 0 03 0 11 0 12 0 13 County Question #3: 0 01 0 02 0 03 0 11 0 12 0 13	0 14 0 15 00 04 0 05 0	0 16 0 17 0	0 18 0 19 0 20 0 08 0 09 0 10	34 55 66 78			0 0 0 0 0 0 0 0 0 0
				Rea O R	<u>ison</u> :	np 🔾 Lan	O Oth

1 0 0 0 0 0 0 2 0

81





Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Αŗ	proxi	imately	, how	long	has	your o	child	received	l services	here?	,
----	-------	---------	-------	------	-----	--------	-------	----------	------------	-------	---

\sim	TD1 •	•		1 -1 1:	C .	,	1
()	Thic	10	mv	child's	tirct	VICIT	hara
\sim	TIIIO	IJ	1111	Cimus	шы	VISIL	mur.

○ 1 - 2 Months

O More than 1 year



O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

We are interested in both positive and negative feedback.

Continued on the Next Page...









Please answer the fol	lowing qu	estions	to let us know	a little	about	your chile	d.
1. What is your child's gender?	O Female	O Male	Other				
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No	O Unknown	1
What is your child's race? (mark	O American	Indian / Al	askan Native her Pacific Islander		nknown		
4. What is your child's date of birr Date of Birth (mm-dd-y	yyyy)	in the boxe	s AND fill in the EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	April 30, If Birth (mm	1987: n-dd-yyyy) 1987 0000 0000 0000 0000 0000	ample.)
5. In the past MONTH , how many \circ No arrests \circ 1 arrest		r child arres 3 arr		one annesta			
6. How often was your child absenue of 1 day or less 0 3 to 5 0 2 days 0 6 to 10	2 arrestsat from schoodaysAuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMu<td>l during the</td><td>e last MONTH?</td><td>Do not re</td><td>emember</td><td></td><td></td>	l during the	e last MONTH?	Do not re	emember		
7. Were the services your child receiv	•			l? • Yes	O No		
Was written information (e.g., brood education materials) available to yo	chures describi	ng available age you pref	services, your rights er? O Yes	s as a consu O No	mer, and	mental health	1
 Please identify who helped you comous I did not need any help. A mental health advocate / volumental health consumer. A member of my family helped member of my family helped member. 	iteer helped me helped me.	A profe.My chiA staff	essional interviewer ld's clinician / case	helped me manager he my child's	elped me.	or case mana	ger helped m
Thank you f	for taking	the tim	e to answer t	hese qu	estion	s!	
	FOR (FFICE	USE ONLY	<u>Y:</u>			
Date of Survey Administration: 1	1 -	-	2 0 0 3			ty Client Nu	
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	0 14 0 15 0	16 0 17 0	18 \cap 19 \cap 20	1 2	2 2 2	00000	2 2
County Question #2: 0 01 0 02 0 03 0 11 0 12 0 13 County Question #3: 0 01 0 02 0 03 0 11 0 12 0 13	0 14 0 15 00 04 0 05 0	0 16 0 17 0	0 18 0 19 0 20 0 08 0 09 0 10	34 55 66 78			0 0 0 0 0 0 0 0 0 0
				Rea O R	<u>ison</u> :	np 🔾 Lan	O Oth

1 0 0 0 0 0 0 2 1

81





Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that correspon

nds to your ch	ioice.	Please fill in the	e circle completely.	EXAMPLE:	Correct	Incorrect	X	V

Approxima	ıtely,	how long	has	your	child	received	services	here?
-----------	--------	----------	-----	------	-------	----------	----------	-------

\circ	Thic	ic	mu	child's	firet	vicit	horo
\circ	11112	12	1117	Cilliu 3	шы	VISIU	nere.

○ 1 - 2 Months

O More than 1 year



O My child has had more than one visit but has O 3 - 5 Months received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

1	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child rece	eived. O	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matte		0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	9 0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenien	t for us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my ch	ild. O	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual belief	fs. O	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic backgrou	nd. O	0	0	0	0	0
As a result of the services my child and	or family r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other peo	ople. O	0	0	0	0	0
19. My child is doing better in school and $\ensuremath{/}$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong	g. O	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back	of this form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page...



Page 1 of 2





Please answer the following questions to let us know a little about your child.	
1. What is your child's gender? ○ Female ○ Male ○ Other	
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown	
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other	
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 2. Fill in the corresponding 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iple.)
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?	
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school	
7. Were the services your child received provided in the language he / she preferred? • Yes • No	
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager A staff member other than my child's clinician or case manager Someone else helped me. 	helped m
Thank you for taking the time to answer these questions!	
FOR OFFICE USE ONLY:	
Date of Survey Administration: 1 1 - 2 0 0 3 County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>
County Question #2: 010 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20 20 20 20 20 20 20 20 20 20 20 20 2	0 0 0 0
County Question #3: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 7 0 08 0 09 0 10 8 0 09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	⑦ ③

1 0 0 0

0

0 0

2 2

81







corresponds to your choice. Please fill in the circle completely	y. <u>EXAMPLE</u> :	Correct	Incorrect 🗶	
current or future services you or your child will receive. For each survey	item below, plea	se fill in th	e circle that	4
Please help our agency make services better by answering some questions.	Your answers are co	ntidential and	d will not influer	ıce

Approximately, how long has your child received	services here?	?
---	----------------	---

- This is my child's first visit here.
- 1 2 Months

O More than 1 year

- O My child has had more than one visit but has O 3 5 Months

 - received services for less than one month.
- O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. 🔿	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page...









Please answer the following questions to let us know a little about your child.									
1. What is your child's gender? ○ Female ○ Male ○ Other									
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown									
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other									
O Asian ○ Other 4. What is your child's date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.) Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: □ - □ - □ - □ - □ - □ - □ - □ - □ - □ -									
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?									
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school									
7. Were the services your child received provided in the language he / she preferred? • Yes • No									
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No									
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager A staff member other than my child's clinician or case manager Someone else helped me. 	helped m								
Thank you for taking the time to answer these questions!									
FOR OFFICE USE ONLY:									
Date of Survey Administration: 1 1 - 2 0 0 3 County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>								
County Question #2: 010 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20 20 20 20 20 20 20 20 20 20 20 20 2	0 0 0 0								
County Question #3: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 7 0 08 0 09 0 10 8 0 09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	⑦ ③								

1 0 0 0

0

0 0

2

81





Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely

itti	i below, pica	JC 1111 111	uic	circle thit	••	4
y.	EXAMPLE:	Correct		Incorrect	X	V

A	pį	proximately,	how lo	ong h	as your	child	received	services	here?
		. J		0	J				

○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** OR if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. 🔿	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page...









Please answer the follow	wing questions	to let us know a li	ttle about your child.
1. What is your child's gender?	Female O Male	Other	
2. Are either of the child's parents of	Mexican / Hispanic	/ Latino origin? O	Yes O No O Unknown
O Black / African American O	l that apply.) American Indian / Al Native Hawaiian / Ot Other	uskuii i vutive	○ Unknown
4. What is your child's date of birth? Date of Birth (mm-dd-yyyy)	y)	1. Write in your child's date of birth 2. Fill in the corresponding circles	
5. In the past MONTH , how many tim O No arrests O 1 arrest	es was your child arres 2 arrests 0 3 arr		rocto
6. How often was your child absent from 1 day or less 0 3 to 5 day 0 2 days 0 6 to 10 day	om school during the	e last MONTH?	not remember
7. Were the services your child received p			Yes O No
Was written information (e.g., brochur education materials) available to you ir	res describing available n the language you pref	services, your rights as a der? O Yes O No	consumer, and mental health
 Please identify who helped you complete I did not need any help. A mental health advocate / volunteer Another mental health consumer help A member of my family helped me. 	o A prof r helped me. O My chi ped me. O A staff	essional interviewer helpe ld's clinician / case mana	ger helped me. :hild's clinician or case manager helped m
Thank you for	taking the tim	e to answer these	e questions!
	FOR OFFICE	USE ONLY:	-
Date of Survey Administration: 1 1		2 0 0 3	CSI County Client Number
County Question #1: 0 01 0 02 0 03 0 0 11 0 12 0 13 0	04 \cap 05 \cap 06 \cap 07 \cap 04 \cap 15 \cap 16 \cap 17 \cap 05	0 08 0 09 0 10 0 18 0 19 0 20	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$
	04 0 05 0 06 0 07 0 14 0 15 0 16 0 17 0		3 0 0 0 0 0 0 0 0 0 0 0 4 0 0 0 0 0 0 0
County Question #3: ○ 01 ○ 02 ○ 03 ○ ○ 11 ○ 12 ○ 13 ○	04 0 05 0 06 0 07 0 14 0 15 0 16 0 17 0	08 0 09 0 10 0 18 0 19 0 20	7 0 0 0 0 0 0 0 0 0 0 0 0 8 0 0 0 0 0 0
			O Ref O Imp O Lan O Oth

1 0 0 0

0

0 0

2

81





Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Ap	proximately,	how long	has	your child	received	services	here?
	I /			J			

\sim	TD1 •	•		1 -1 1:	C .	,	1
()	I nic	10	mv	child's	firct	VICIT	noro
\sim	TIIIO	IJ	1111	Cimus	шы	VISIL	mu.

○ 1 - 2 Months

O More than 1 year



received services for less than one month.	○ 6 months to 1 year
Please answer the following questions based on the last 6	months OR if services have not been received for 6 months, just give
inswers based on the services that have been received so fai	r. Indicate if you Strongly Disagree , Disagree , are Undecided ,

Agree, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

O My child has had more than one visit but has O 3 - 5 Months

experienced, fill in the circle for two Applicable to indicate	Strongly Disagree	Disagree	11 0	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	<u>family r</u>	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22 Please provide comments here and /or on the back of thi	s form if n	eeded				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page.



0|6 2 5

Page 1 of 2





Please answer the following questions to let us know a little about your child.									
1. What is your child's gender? ○ Female ○ Male ○ Other									
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown									
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other									
O Asian ○ Other 4. What is your child's date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.) Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: □ - □ - □ - □ - □ - □ - □ - □ - □ - □ -									
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?									
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school									
7. Were the services your child received provided in the language he / she preferred? • Yes • No									
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No									
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager A staff member other than my child's clinician or case manager Someone else helped me. 	helped m								
Thank you for taking the time to answer these questions!									
FOR OFFICE USE ONLY:									
Date of Survey Administration: 1 1 - 2 0 0 3 County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>								
County Question #2: 010 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20 20 20 20 20 20 20 20 20 20 20 20 2	0 0 0 0								
County Question #3: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 7 0 08 0 09 0 10 8 0 09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	⑦ ③								

1 0 0 0

0

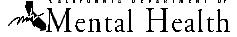
0 0

2 5

81









Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Approxima	ıtely,	how long	has	your	child	received	services	here?
-----------	--------	----------	-----	------	-------	----------	----------	-------

0	This	is	mv	child's	first	visit	here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family 1	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page..

0|6

Page 1 of 2





Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.
1. What is your child's gender?	O Female	O Male	O Other		
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp	
5. In the past MONTH , how many					
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber
7. Were the services your child receiv				? • Yes •) No
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manager helped n
Thank you f	for taking	the time	e to answer ti	hese ques	tions!
	FOR (OFFICE	USE ONLY		
Date of Survey Administration: 1	1 -	-	2 0 0 3		County Client Number
County Question #1: \bigcirc 01 \bigcirc 02 \bigcirc 03 \bigcirc 11 \bigcirc 12 \bigcirc 13				1 0 2 @	000000000000000000000000000000000000000
County Question #2: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	4 4 5 6	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
County Question #3: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	7 0 8 0 9 0 Reasor	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
				○ Ref	○ Imp ○ Lan ○ Oth

1 0 0 0 0 0 0 2 6







YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F) Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Approximately,	how long	has your child	l received	l services l	here?
----------------	----------	----------------	------------	--------------	-------

○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family 1	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page...





Page 1 of 2





Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.
1. What is your child's gender?	O Female	O Male	O Other		
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp	
5. In the past MONTH , how many					
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber
7. Were the services your child receiv				? • Yes •) No
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manager helped n
Thank you f	for taking	the time	e to answer ti	hese ques	tions!
	FOR (OFFICE	USE ONLY		
Date of Survey Administration: 1	1 -	-	2 0 0 3		County Client Number
County Question #1: \bigcirc 01 \bigcirc 02 \bigcirc 03 \bigcirc 11 \bigcirc 12 \bigcirc 13				1 0 2 @	000000000000000000000000000000000000000
County Question #2: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	4 4 5 6	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
County Question #3: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	7 0 8 0 9 0 Reasor	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
				○ Ref	○ Imp ○ Lan ○ Oth

1 0 0 0 0 0 0 2 7







Please help our agency make services better by answering some questions	s. Your answers are confidential and will not influence
current or future services you or your child will receive. For each surv	ey item below, please fill in the circle that
corresponds to your choice. Please fill in the circle complete	ely. <u>EXAMPLE</u> : Correct ■ Incorrect 💥 💕
<u> </u>	

Approximately,	how long	has your child	received	services l	1ere?
----------------	----------	----------------	----------	------------	-------

\sim	TD1 •			1 •1 1:	C .	• • • 1	
\circ	I nis	1S	mv	child's	first	visit here.	

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the last 6 months <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. 🔿	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page...









Please answer the following questions to let us know a little about your child.	
1. What is your child's gender? ○ Female ○ Male ○ Other	
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown	
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other	
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 2. Fill in the corresponding 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iple.)
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?	
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school	
7. Were the services your child received provided in the language he / she preferred? • Yes • No	
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager A staff member other than my child's clinician or case manager Someone else helped me. 	helped m
Thank you for taking the time to answer these questions!	
FOR OFFICE USE ONLY:	
Date of Survey Administration: 1 1 - 2 0 0 3 County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>
County Question #2: 010 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20 20 20 20 20 20 20 20 20 20 20 20 2	0 0 0 0
County Question #3: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 7 0 08 0 09 0 10 8 0 09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	⑦ ③

1 0 0 0

0

0 0

2

81









Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Approximately, how long has your child received ser	vices here?	
 This is my child's first visit here. 	○ 1 - 2 Months	○ More than 1 year

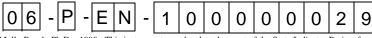
O My child has had more than one visit but has O 3 - 5 Months received services for less than one month. O 6 months to 1 year

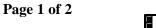
Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

••	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\ensuremath{/}$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	Ο
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page..









Please answer the following q	uestions to let us know	a little about your child.
1. What is your child's gender? O Female	O Male O Other	
2. Are either of the child's parents of Mexican	n / Hispanic / Latino origin?	O Yes O No O Unknown
	ply.) n Indian / Alaskan Native Hawaiian / Other Pacific Islander	O Unknown
4. What is your child's date of birth? (Write is Date of Birth (mm-dd-yyyy)	 EXAMPLE: Date of Date	ircles that correspond. See Example.) of birth on April 30, 1987: Date of Birth (mm-dd-yyyy) 04 - 30 - 1987 100 00 0000 100 00000 200 0000 300 00000 400 0000 500 0000 600 0000 800 0000 900 0000
5. In the past MONTH , how many times was yo No arrests 0 1 arrest 0 2 arrests		re arrests
(6) How often was your child absent from scho	ool during the last MONTH ?	Do not remember
Were the services your child received provided		○ Yes ○ No
Was written information (e.g., brochures descried education materials) available to you in the lang	bing available services, your rights a uage you prefer? O Yes O	as a consumer, and mental health No
 Please identify who helped you complete any particle. I did not need any help. A mental health advocate / volunteer helped in Another mental health consumer helped me. A member of my family helped me. 	 A professional interviewer h My child's clinician / case m 	nelped me. nanager helped me. my child's clinician or case manager helped m
Thank you for taking	g the time to answer th	ese questions!
FOR	OFFICE USE ONLY	<u>'•</u>
Date of Survey Administration: 1 1 -	- 2 0 0 3	CSI County Client Number 0 0 0 0 0 0 0 0 0 0
County Question #1: 0 01 0 02 0 03 0 04 0 05 0 11 0 12 0 13 0 14 0 15	0 06 0 07 0 08 0 09 0 10 0 16 0 17 0 18 0 19 0 20	1 0 0 0 0 0 0 0 0 0 0 0 2 0 0 0 0 0 0 0
County Question #2: 01 0 02 0 03 0 04 0 05 0 11 0 12 0 13 0 14 0 15	○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$
County Question #3: 0 01 0 02 0 03 0 04 0 05 0 11 0 12 0 13 0 14 0 15	○ 06 ○ 07 ○ 08 ○ 09 ○ 10 ○ 16 ○ 17 ○ 18 ○ 19 ○ 20	7 0 0 0 0 0 0 0 0 0 0 0 8 0 0 0 0 0 0 0
		○ Ref ○ Imp ○ Lan ○ Oth

1 0 0 0 0 0 0 2 9

81









Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Approximately, how long has your child receive	ed services here?	
This is my child's first visit here.	○ 1 - 2 Months	○ More than 1 year

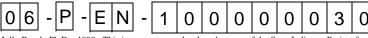
O My child has had more than one visit but has O 3 - 5 Months received services for less than one month. O 6 months to 1 year

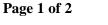
Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

••	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\ensuremath{/}$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	Ο
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page..









Please answer the fol	lowing qu	estions	to let us know	a little	about	your chile	d.
1. What is your child's gender?	O Female	O Male	Other				
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No	O Unknown	1
What is your child's race? (mark	O American	Indian / Al	askan Native her Pacific Islander		nknown		
4. What is your child's date of birr Date of Birth (mm-dd-y	yyyy)	in the boxe	s AND fill in the EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	April 30, If Birth (mm	1987: n-dd-yyyy) 1987 0000 0000 0000 0000 0000	ample.)
5. In the past MONTH , how many \circ No arrests \circ 1 arrest		r child arres 3 arr		one annesta			
6. How often was your child absenue of 1 day or less 0 3 to 5 0 2 days 0 6 to 10	2 arrestsat from schoodaysAuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMu<td>l during the</td><td>e last MONTH?</td><td>Do not re</td><td>emember</td><td></td><td></td>	l during the	e last MONTH?	Do not re	emember		
7. Were the services your child receiv	•			l? • Yes	O No		
Was written information (e.g., brood education materials) available to yo	chures describi	ng available age you pref	services, your rights er? O Yes	s as a consu O No	mer, and	mental health	1
 Please identify who helped you comous I did not need any help. A mental health advocate / volumental health consumer. A member of my family helped member of my family helped member. 	iteer helped me helped me.	A profe.My chiA staff	essional interviewer ld's clinician / case	helped me manager he my child's	elped me.	or case mana	ger helped m
Thank you f	for taking	the tim	e to answer t	hese qu	estion	s!	
	FOR (FFICE	USE ONLY	<u>Y:</u>			
Date of Survey Administration: 1	1 -	-	2 0 0 3			ty Client Nu	
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	0 14 0 15 0	16 0 17 0	18 \cap 19 \cap 20	1 2	2 2 2	00000	2 2
County Question #2: 0 01 0 02 0 03 0 11 0 12 0 13 County Question #3: 0 01 0 02 0 03 0 11 0 12 0 13	0 14 0 15 00 04 0 05 0	0 16 0 17 0	0 18 0 19 0 20 0 08 0 09 0 10	34 55 66 78			0 0 0 0 0 0 0 0 0 0
				Rea O R	<u>ison</u> :	np 🔾 Lan	O Oth

1 0 0 0 0 0 0 3 0

81









Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Approximately, how long has your child receive	d services here?	
This is my child's first visit here.	1 - 2 Months	O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter what	t. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for u	ıs. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or t	<u>family 1</u>	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of this	form, if r	eeded.				

We are interested in both positive and negative feedback.

Continued on the Next Page...



Page 1 of 2





Please answer the fol	lowing que	estions t	o let us know	a little about your child.
1. What is your child's gender?	O Female	O Male	O Other	
2. Are either of the child's parents	of Mexican /	Hispanic .	/ Latino origin?	○ Yes ○ No ○ Unknown
What is your child's race? (mark	O American	Indian / Ala	skan Native ner Pacific Islander	O Unknown
4. What is your child's date of bird Date of Birth (mm-dd-y -	yyy)]))))))	n the boxes		ircles that correspond. See Example.) of birth on April 30, 1987: Date of Birth (mm-dd-yyyy) 04 - 30 - 1987 0 0 0 0 0 0 0 0 1 00 00 00 0 2 00 00 00 0 3 00 0 0 0 0 0 4 0 0 0 0 0 0 5 00 0 0 0 0 6 00 0 0 0 0 0 8 00 0 0 0 0 9 0 0 0 0 0 0 9 0 0 0 0 0
5. In the past MONTH , how many \circ No arrests \circ 1 arrest	times was your • 2 arrests	child arrest		re arrests
6. How often was your child absen 0 1 day or less 0 2 days 0 6 to 10	t from school days ○ Mo	during the	last MONTH?	Do not remember
7. Were the services your child receive	ed provided in	the language	e he / she preferred?	^o ○ Yes ○ No
Was written information (e.g., broce education materials) available to yo	chures describir ou in the langua	ng available : ge you prefe	services, your rights er? O Yes C	as a consumer, and mental health No
 Please identify who helped you cor I did not need any help. A mental health advocate / volun Another mental health consumer A member of my family helped re 	teer helped me helped me.	A profeMy chilA staff	ssional interviewer l d's clinician / case n	helped me. nanager helped me. my child's clinician or case manager helped m
Thank you f	or taking	the time	e to answer tl	nese questions!
	FOR C	FFICE	USE ONLY	7.
Date of Survey Administration: 1	1 -	-	2 0 0 3	CSI County Client Number
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13				1 0 0 0 0 0 0 0 0 0 0 0 2 0 0 0 0 0 0 0
County Question #2: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13				3 0 0 0 0 0 0 0 0 0 0 4 0 0 0 0 0 0 0 0
County Question #3: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	06 O 07 C 16 O 17 C	0 08 \cap 09 \cap 10 0 18 \cap 19 \cap 20	7 0 0 0 0 0 0 0 0 0 0 0 8 0 0 0 0 0 0 0
				O Ref O Imp O Lan O Oth

1 0 0 0 0 0 0 0

3 1









Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Approximately, how long has your child received services here?	

○ This is my child's first visit here. ○ 1 - 2 Months O More than 1 year

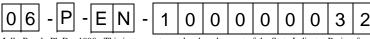
O My child has had more than one visit but has O 3 - 5 Months received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

••	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\ensuremath{/}$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	Ο
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page..









Please answer the following questions to let us know a little about your child.	
1. What is your child's gender? ○ Female ○ Male ○ Other	
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown	
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other	
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 2. Fill in the corresponding 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iple.)
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?	
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school	
7. Were the services your child received provided in the language he / she preferred? • Yes • No	
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager A staff member other than my child's clinician or case manager Someone else helped me. 	helped m
Thank you for taking the time to answer these questions!	
FOR OFFICE USE ONLY:	
Date of Survey Administration: 1 1 - 2 0 0 3 County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>
County Question #2: 010 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20 20 20 20 20 20 20 20 20 20 20 20 2	0 0 0 0
County Question #3: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 7 0 08 0 09 0 10 8 0 09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	⑦ ③

1 0 0 0

0

0 0

3 2

81









Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Approximately, how long has your child received sen	vices here?		
○ This is my child's first visit here.	○ 1 - 2 Months	O More than 1 year	

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month. O 6 months to 1 year

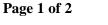
Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

······································	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	it. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of this	s form, if n	ieeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page..









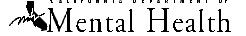
Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.	
1. What is your child's gender?	O Female	O Male	O Other			
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown	
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkn	own	
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	of birth on App Date of Bir 04 - 3 1 00 0 2 00 0 3 00 0 4 0 0 0 5 00 0 7 00 0 8 00 0		mple.)
5. In the past MONTH , how many						
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td><td></td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber	
7. Were the services your child receiv				? • Yes •	No No	
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health	
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manage	er helped m
Thank you f	for taking	the time	e to answer ti	hese ques	stions!	
	FOR (OFFICE	USE ONLY			_
Date of Survey Administration: 1	1 -	-	2 0 0 3		County Client Nun	
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13				1 0 2 @	$egin{pmatrix} 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 $	0 0
County Question #2: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 C14 0 15 C	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	4 4 5 6)	3 3
County Question #3: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	O 04 O 05 C O 14 O 15 C	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	7 0 8 0 9 0 Reaso i)) (3) (3) (9
				○ Ref	○ Imp ○ Lan	O Oth

1 0 0 0 0 0 0 0

3 3









Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Approximately,	how long	has your child	l received	services l	here?
----------------	----------	----------------	------------	------------	-------

○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month.

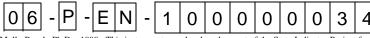
O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	is form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page..









Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.	
1. What is your child's gender?	O Female	O Male	O Other			
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown	
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkn	own	
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	of birth on App Date of Bir 04 - 3 1 00 0 2 00 0 3 00 0 4 0 0 0 5 00 0 7 00 0 8 00 0		mple.)
5. In the past MONTH , how many						
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td><td></td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber	
7. Were the services your child receiv				? • Yes •	No No	
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health	
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manage	er helped m
Thank you f	for taking	the time	e to answer ti	hese ques	stions!	
	FOR (OFFICE	USE ONLY			_
Date of Survey Administration: 1	1 -	-	2 0 0 3		County Client Nun	
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13				1 0 2 @	$egin{pmatrix} 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 $	0 0
County Question #2: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 C14 0 15 C	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	4 4 5 6)	3 3
County Question #3: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	7 0 8 0 9 0 Reaso i)) (3) (3) (9
				○ Ref	○ Imp ○ Lan	O Oth

1 0 0 0 0 0 0 3 4







Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that con

responds to your choice.	Please fill in the circle completely.	EXAMPLE:	Correct	Incorrect	X	Y
A 1 1 1	1 141 • 1 • 1 0					

Approximately, hov	v long ha	s your child	l received	l services	here?
--------------------	-----------	--------------	------------	------------	-------

$\overline{}$	TD1 •	•		1 -1 1:	C .	,	1
()	I nic	10	mv	child's	firct	VICIT	noro
\sim	TIIIO	IJ	1111	Cimus	шы	VISIL	mu.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter what	t. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for u	ıs. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or t	family 1	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of this	form, if r	eeded.				

We are interested in both positive and negative feedback.

Continued on the Next Page..









Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.	
1. What is your child's gender?	O Female	O Male	O Other			
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown	
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkn	own	
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	of birth on App Date of Bir 04 - 3 1 00 0 2 00 0 3 00 0 4 0 0 0 5 00 0 7 00 0 8 00 0		mple.)
5. In the past MONTH , how many						
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td><td></td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber	
7. Were the services your child receiv				? • Yes •	No No	
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health	
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manage	er helped m
Thank you f	for taking	the time	e to answer ti	hese ques	stions!	
	FOR (OFFICE	USE ONLY			_
Date of Survey Administration: 1	1 -	-	2 0 0 3		County Client Nun	
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13				1 0 2 @	$egin{pmatrix} 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 $	0 0
County Question #2: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 C14 0 15 C	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	4 4 5 6)	3 3
County Question #3: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	7 0 8 0 9 0 Reaso i)) (3) (3) (9
				○ Ref	○ Imp ○ Lan	O Oth

1 0 0 0 0 0 0 3 5







Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. P

ar eima vim recerve. 2 01 cuell bulvey lie	below, pred	JU 1111 111	the chief that
Please fill in the circle completely.	EXAMPLE:	Correct	• Incorrect 🗶 🛇

Approximately,	how long	has your child	l received	l services l	here?
----------------	----------	----------------	------------	--------------	-------

○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

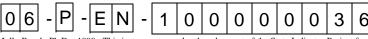
O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22 Place provide comments here and for on the back of this	is form if n	hahaa				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.







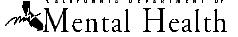


Please answer the fol	lowing qu	estions	to let us know	a little	about	your chile	d.
1. What is your child's gender?	O Female	O Male	Other				
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No	O Unknown	1
What is your child's race? (mark	O American	Indian / Al	askan Native her Pacific Islander		nknown		
4. What is your child's date of birr Date of Birth (mm-dd-y	yyyy)	in the boxe	s AND fill in the EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	April 30, If Birth (mm	1987: n-dd-yyyy) 1987 0000 0000 0000 0000 0000	ample.)
5. In the past MONTH , how many \circ No arrests \circ 1 arrest		r child arres 3 arr		one annesta			
6. How often was your child absenue of 1 day or less 0 3 to 5 0 2 days 0 6 to 10	2 arrestsat from schoodaysAuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMu<td>l during the</td><td>e last MONTH?</td><td>Do not re</td><td>emember</td><td></td><td></td>	l during the	e last MONTH?	Do not re	emember		
7. Were the services your child receiv	•			l? • Yes	O No		
Was written information (e.g., brood education materials) available to yo	chures describi	ng available age you pref	services, your rights er? O Yes	s as a consu O No	mer, and	mental health	1
 Please identify who helped you comous I did not need any help. A mental health advocate / volumental health consumer. A member of my family helped member of my family helped member. 	iteer helped me helped me.	A profe.My chiA staff	essional interviewer ld's clinician / case	helped me manager he my child's	elped me.	or case mana	ger helped m
Thank you f	for taking	the tim	e to answer t	hese qu	estion	s!	
	FOR (FFICE	USE ONLY	<u>Y:</u>			
Date of Survey Administration: 1	1 -	-	2 0 0 3			ty Client Nu	
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	0 14 0 15 0	16 0 17 0	18 \cap 19 \cap 20	1 2	2 2 2	00000	2 2
County Question #2: 0 01 0 02 0 03 0 11 0 12 0 13 County Question #3: 0 01 0 02 0 03 0 11 0 12 0 13	0 14 0 15 00 04 0 05 0	0 16 0 17 0	0 18 0 19 0 20 0 08 0 09 0 10	34 55 66 78			0 0 0 0 0 0 0 0 0 0
				Rea O R	<u>ison</u> :	np 🔾 Lan	O Oth

1 0 0 0 0 0 0 3 6









Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Approximately, 1	how long l	has your child	l received	l services l	here?
------------------	------------	----------------	------------	--------------	-------

\circ	This	is	mv	child's	first	visit	here

○ 1 - 2 Months

O More than 1 year

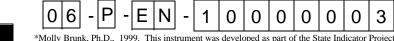
O My child has had more than one visit but has O 3 - 5 Months received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

······································	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	it. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and \not or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	ieeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.
1. What is your child's gender?	O Female	O Male	O Other		
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp	
5. In the past MONTH , how many					
O No arrests O 1 arrest How often was your child abser 1 day or less O 3 to 5 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber
7. Were the services your child receiv				? • Yes •) No
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manager helped n
Thank you f	for taking	the time	e to answer ti	hese ques	tions!
	FOR (OFFICE	USE ONLY		
Date of Survey Administration: 1	1 -	-	2 0 0 3		County Client Number
County Question #1: \bigcirc 01 \bigcirc 02 \bigcirc 03 \bigcirc 11 \bigcirc 12 \bigcirc 13				1 0 2 @	000000000000000000000000000000000000000
County Question #2: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	4 4 5 6	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
County Question #3: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	7 0 8 0 9 0 Reasor	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
				○ Ref	○ Imp ○ Lan ○ Oth

1 0 0 0 0 0 0 0

3 7





Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Approximately, how long has your child received services here	Apı	proximately,	how long	g has	your child	received	services	here
---	-----	--------------	----------	-------	------------	----------	----------	------

received services for less than one month.

O My child has had more than one visit but has O 3 - 5 Months

○ This is my child's first visit here.

○ 1 - 2 Months

O 6 months to 1 year

O More than 1 year

Please answer the following questions based on the last 6 months O	R if services	have not bee	n receive	d for 6 month	s, just give
answers based on the services that have been received so far. Indicate	if you Stror	igly Disagree	e, Disagı	ee, are Unde	cided,
Agree, or Strongly Agree with each of the statements below. If the o	juestion is al	bout somethir	ng you or	your child ha	ve not
experienced, fill in the circle for Not Applicable to indicate that this it	em does not	t apply.			. .
Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicab
Disagree				Agicc	пррисць

	Disagree	Disagree	Undecided	Agree	Agree	Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
	0	1 1				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the following questions to let us know a little about your child.	
1. What is your child's gender? ○ Female ○ Male ○ Other	
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown	
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other	
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Od - 30 - 1987: 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iple.)
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?	
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school	
7. Were the services your child received provided in the language he / she preferred? • Yes • No	
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager A staff member other than my child's clinician or case manager Someone else helped me. 	helped m
Thank you for taking the time to answer these questions!	
FOR OFFICE USE ONLY:	
Date of Survey Administration: 1 1 - 2 0 0 3 County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>
County Question #2: 010 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20 20 20 20 20 20 20 20 20 20 20 20 2	0 0 0 0
County Question #3: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 7 0 08 0 09 0 10 8 0 09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	⑦ ③

0

0 0

3 8

81









Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

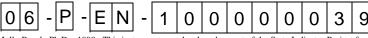
Approximately, how long has your child received ser	vices here?	
This is my child's first visit here.	○ 1 - 2 Months	○ More than 1 year

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family 1	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the fol	lowing qu	estions	to let us know	a little a	bout yo	ur child	d.
1.) What is your child's gender?	O Female	O Male	O Other				
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes (O on C	Unknown	
What is your child's race? (mark	American	Indian / Ala	askan Native her Pacific Islander	O Unki	nown		
4. What is your child's date of bird Date of Birth (mm-dd-y	times was you	r child arresi	1. Write in your child's date of birth 2. Fill in the corresponding circles	of birth on A Date of E 04 1 00 2 00 3 00 4 00 5 00 7 00 8 00 9 00	April 30, 19 Birth (mm-do 30 - 19 0	87: d-yyyy) 8 7 00 00 00 00 00 00 00 00	ample.)
O No arrests O 1 arrest How often was your child absented the service of the ser	days O M	ore than 10	e last MONTH ?	ore arrests Do not rem	nember		
○ 2 days ○ 6 to 10 7. Were the services your child receiv	, , , , , , , , , , , , , , , , , , ,		Not in school	2 ∩ Vas	O No		
Was written information (e.g., brown education materials) available to yo	hures describi	ng available	services, your rights			ntal health	l
 Please identify who helped you con I did not need any help. A mental health advocate / volun Another mental health consumer A member of my family helped not 	nplete any part teer helped me helped me.	t of this surv O A profe O My chil O A staff	rey (mark all that appessional interviewer d's clinician / case 1	helped me. manager help my child's cl	ed me. linician or (case mana _{	ger helped m
Thank you f	or taking	the time	e to answer ti	hese que	estions!		
	FOR C	FFICE	USE ONLY	Y:			
Date of Survey Administration: 1 County Question #1: \bigcirc 01 \bigcirc 02 \bigcirc 03 \bigcirc 11 \bigcirc 12 \bigcirc 13 County Question #2: \bigcirc 01 \bigcirc 02 \bigcirc 03	O 14 O 15 C	16 0 17 0	0 18 0 19 0 20	$\begin{bmatrix} 0 \\ 1 \\ 2 \\ 3 \end{bmatrix}$	O O O O	000000000000000000000000000000000000000	0 0 0 0 0 0 0 0
County Question #2: 0 01 0 02 0 03 0 11 0 12 0 13 County Question #3: 0 01 0 02 0 03 0 11 0 12 0 13	0 14 0 15 00 04 0 05 0	0 16 0 17 0	0 18 0 19 0 20	5 6 7 8			③⑤⑥⑥⑦⑦Ø

1 0 0 0 0 0 0 3 9









YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F) Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct Incorrect

F	rease im in the energe completely.	<u> </u>	Correct	
Approximately, how long	has your child received services here?			

○ This is my child's first visit here. ○ 1 - 2 Months O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

······································	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	it. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and \not or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	ieeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the fol	lowing qu	estions	to let us know	a little	about	your chile	d.
1. What is your child's gender?	O Female	O Male	Other				
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No	O Unknown	1
What is your child's race? (mark	O American	Indian / Al	askan Native her Pacific Islander		nknown		
4. What is your child's date of birr Date of Birth (mm-dd-y	yyyy)	in the boxe	s AND fill in the EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	April 30, If Birth (mm	1987: n-dd-yyyy) 1987 0000 0000 0000 0000 0000	ample.)
5. In the past MONTH , how many \circ No arrests \circ 1 arrest		r child arres 3 arr		one annesta			
6. How often was your child absenue of 1 day or less 0 3 to 5 0 2 days 0 6 to 10	2 arrestsat from schoodaysAuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMu<td>l during the</td><td>e last MONTH?</td><td>Do not re</td><td>emember</td><td></td><td></td>	l during the	e last MONTH?	Do not re	emember		
7. Were the services your child receiv	•			l? • Yes	O No		
Was written information (e.g., brood education materials) available to yo	chures describi	ng available age you pref	services, your rights er? O Yes	s as a consu O No	mer, and	mental health	1
 Please identify who helped you comous I did not need any help. A mental health advocate / volumental health consumer. A member of my family helped member of my family helped member. 	iteer helped me helped me.	A profe.My chiA staff	essional interviewer ld's clinician / case	helped me manager he my child's	elped me.	or case mana	ger helped m
Thank you f	for taking	the tim	e to answer t	hese qu	estion	s!	
	FOR (FFICE	USE ONLY	<u>Y:</u>			
Date of Survey Administration: 1	1 -	-	2 0 0 3			ty Client Nu	
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	0 14 0 15 0	16 0 17 0) 18 \(\times 19 \(\times 20 \)	1 2	2 2 2	00000	2 2
County Question #2: 0 01 0 02 0 03 0 11 0 12 0 13 County Question #3: 0 01 0 02 0 03 0 11 0 12 0 13	0 14 0 15 00 04 0 05 0	0 16 0 17 0	0 18 0 19 0 20 0 08 0 09 0 10	34 55 66 78			0 0 0 0 0 0 0 0 0 0
				Rea O R	<u>ison</u> :	np 🔾 Lan	O Oth

1 0 0 0 0 0 0 4 0

81





Please help our agency make services better by answering some questions. Your answers are confidential and will not influence or future services you or your child will receive. For each survey item below please fill in the circle that corres

of future services you or	your clind will receive.	TOT CACH SULVEY HEL	ii beiow, piea	2C IIII III (HE CI	ncie mai	4
sponds to your choice.	Please fill in the c	ircle completely.	EXAMPLE :	Correct	• Ir	acorrect 🗶	V

Approximately, 1	how long l	has your child	l received	l services l	here?
------------------	------------	----------------	------------	--------------	-------

\circ	This	is	mv	child's	first	visit	here
\sim	1 111.5	1.7	1111	CHIIICAS	111.51	v i.əii.	III.II.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

••	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	Ο
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.
1. What is your child's gender?	O Female	O Male	O Other		
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp	
5. In the past MONTH , how many					
O No arrests O 1 arrest How often was your child abser 1 day or less O 3 to 5 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber
7. Were the services your child receiv				? • Yes •) No
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manager helped n
Thank you f	for taking	the time	e to answer ti	hese ques	tions!
	FOR (OFFICE	USE ONLY		
Date of Survey Administration: 1	1 -	-	2 0 0 3		County Client Number
County Question #1: \bigcirc 01 \bigcirc 02 \bigcirc 03 \bigcirc 11 \bigcirc 12 \bigcirc 13				1 0 2 @	000000000000000000000000000000000000000
County Question #2: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	4 4 5 6	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
County Question #3: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	7 0 8 0 9 0 Reasor	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
				○ Ref	○ Imp ○ Lan ○ Oth

1 0 0 0 0 0 0





Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.

EXAMPLE: Correct

Approximately, how long has your child received ser	vices here?	
This is my child's first visit here.	○ 1 - 2 Months	○ More than 1 year

O My child has had more than one visit but has received services for less than one month. O 3 - 5 Months O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you **Strongly Disagree**, are **Undecided**, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

······································	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	it. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and \not or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	ieeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the following questions to let us know a little about your child.	
1. What is your child's gender? ○ Female ○ Male ○ Other	
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown	
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other	
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Od - 30 - 1987: 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iple.)
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?	
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school	
7. Were the services your child received provided in the language he / she preferred? • Yes • No	
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager A staff member other than my child's clinician or case manager Someone else helped me. 	helped m
Thank you for taking the time to answer these questions!	
FOR OFFICE USE ONLY:	
Date of Survey Administration: 1 1 - 2 0 0 3 County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>
County Question #2: 010 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20 20 20 20 20 20 20 20 20 20 20 20 2	0 0 0 0
County Question #3: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 7 0 08 0 09 0 10 8 0 09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	⑦ ③

0

0 0

4 2

81









Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE** Correct Incorrect

Approximately, how long has your child received services here?						
 This is my child's first visit here. 	 1 - 2 Months 	○ More than 1 vear				

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

••	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	Ο
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.	
1. What is your child's gender?	O Female	O Male	O Other			
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown	
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own	
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp		
5. In the past MONTH , how many						
O No arrests O 1 arrest How often was your child abser 1 day or less O 3 to 5 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber	
Were the services your child receiv				? • Yes •) No	
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A staff member other than my child's clinician or case manager helped me. Someone else helped me. 						
Thank you f	for taking	the time	e to answer ti	hese ques	tions!	
	FOR (OFFICE	USE ONLY			
Date of Survey Administration: 1	1 -	-	2 0 0 3		County Client Number	
County Question #1: \bigcirc 01 \bigcirc 02 \bigcirc 03 \bigcirc 11 \bigcirc 12 \bigcirc 13				1 0 2 @	000000000000000000000000000000000000000	
County Question #2: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	4 4 5 6	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
County Question #3: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	7 0 8 0 9 0 Reasor	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
				○ Ref	○ Imp ○ Lan ○ Oth	

1 0 0 0 0 0 0 4 3





Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Approximately, 1	how long l	has your child	l received	services	here?
II , ,		J			

O My child has had more than one visit but has O 3 - 5 Months

○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

received services for less than one month.	O 6 mon	ths to 1 yea	r			
Please answer the following questions based on the last 6 maskers based on the services that have been received so far Agree , or Strongly Agree with each of the statements beloexperienced, fill in the circle for Not Applicable to indicate	. Indicate if w. If the q	you Stron you Stron uestion is about the strong	gly Disagree out somethin	, Disagr	ee, are Unde	cided,
1. Overall, I am satisfied with the services my child received	. 0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0

3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter what.	0	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for us.	0	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or fa	<u>mily re</u>	<u>ceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0

0

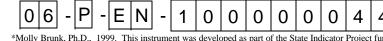
0

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

21. I am satisfied with our family life right now.

Continued on the Next Page..

0



Page 1 of 2

0

0





Please answer the following questions to let us know a little about your child.	
1. What is your child's gender? ○ Female ○ Male ○ Other	
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown	
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other	
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Od - 30 - 1987: 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iple.)
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?	
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school	
7. Were the services your child received provided in the language he / she preferred? • Yes • No	
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager A staff member other than my child's clinician or case manager Someone else helped me. 	helped m
Thank you for taking the time to answer these questions!	
FOR OFFICE USE ONLY:	
Date of Survey Administration: 1 1 - 2 0 0 3 County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>
County Question #2: 010 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20 20 20 20 20 20 20 20 20 20 20 20 2	0 0 0 0
County Question #3: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 7 0 08 0 09 0 10 8 0 09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	⑦ ③

0

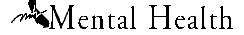
0 0

4

81







Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Approximately,	how long	has your ch	ild received	l services l	here?
----------------	----------	-------------	--------------	--------------	-------

- This is my child's first visit here.
- 1 2 Months
- O More than 1 year
- O My child has had more than one visit but has O 3 5 Months

 - received services for less than one month.
- O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

······································	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	it. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and \not or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	ieeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the following questions to let us know a little about your child.	
1. What is your child's gender? ○ Female ○ Male ○ Other	
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown	
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other	
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Od - 30 - 1987: 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iple.)
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?	
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school	
7. Were the services your child received provided in the language he / she preferred? • Yes • No	
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager A staff member other than my child's clinician or case manager Someone else helped me. 	helped m
Thank you for taking the time to answer these questions!	
FOR OFFICE USE ONLY:	
Date of Survey Administration: 1 1 - 2 0 0 3 County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>
County Question #2: 010 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20 20 20 20 20 20 20 20 20 20 20 20 2	0 0 0 0
County Question #3: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 7 0 08 0 09 0 10 8 0 09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	⑦ ③

0

0 0

4 5

81









Please help our agency make services better by answering some questions.	Your answers are con	nfidential a	and will not influence
current or future services you or your child will receive. For each survey	item below, pleas	se fill in t	the circle that
corresponds to your choice. Please fill in the circle completely	y. <u>EXAMPLE</u> :	Correct	• Incorrect 🗶 💟

Approximately,	how long	has your child	received	l services l	here?
----------------	----------	----------------	----------	--------------	-------

0	This	is	mv	child's	first	visit	here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month.

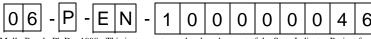
O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family 1	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page...



Page 1 of 2





Please answer the fol	lowing qu	estions	to let us know	a little	about	your chile	d.	
1. What is your child's gender?	O Female	O Male	Other					
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No	O Unknown	1	
What is your child's race? (mark	O American	Indian / Al	askan Native her Pacific Islander		nknown			
4. What is your child's date of birr Date of Birth (mm-dd-y	yyyy)	in the boxe	s AND fill in the EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	April 30, If Birth (mm	1987: n-dd-yyyy) 1987 0000 0000 0000 0000 0000	ample.)	
5. In the past MONTH , how many \circ No arrests \circ 1 arrest		r child arres 3 arr		one annesta				
6. How often was your child absenue of 1 day or less 0 3 to 5 0 2 days 0 6 to 10	2 arrestsat from schoodaysAuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMu<td>l during the</td><td>e last MONTH?</td><td>Do not re</td><td>emember</td><td></td><td></td>	l during the	e last MONTH?	Do not re	emember			
7. Were the services your child receiv	•			l? • Yes	O No			
Was written information (e.g., brood education materials) available to yo	chures describi	ng available age you pref	services, your rights er? O Yes	s as a consu O No	mer, and	mental health	1	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A member of my family helped me. Someone else helped me. Who?: 								
Thank you f	for taking	the tim	e to answer t	hese qu	estion	s!		
	FOR (FFICE	USE ONLY	<u>Y:</u>				
Date of Survey Administration: 1	1 -	-	2 0 0 3			ty Client Nu		
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	0 14 0 15 0	16 0 17 0) 18 \(\times 19 \(\times 20 \)	1 2	2 2 2	00000	2 2	
County Question #2: 0 01 0 02 0 03 0 11 0 12 0 13 County Question #3: 0 01 0 02 0 03 0 11 0 12 0 13	0 14 0 15 00 04 0 05 0	0 16 0 17 0	0 18 0 19 0 20 0 08 0 09 0 10	34 55 66 78			0 0 0 0 0 0 0 0 0 0	
				Rea O R	<u>ison</u> :	np 🔾 Lan	O Oth	

1 0 0 0 0 0 0 4 6









Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Approximately,	how long	has your child	l received	l services l	here?
----------------	----------	----------------	------------	--------------	-------

- This is my child's first visit here.
- 1 2 Months
- O More than 1 year
- O My child has had more than one visit but has O 3 5 Months

 - received services for less than one month.
- O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22 Place provide comments here and for on the back of this	is form if n	hahaa				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page...



Page 1 of 2





Please answer the following questions to let us know a little about your child.							
1. What is your child's gender? ○ Female ○ Male ○ Other							
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown							
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other							
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Od - 30 - 1987: 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iple.)						
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?							
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school							
7. Were the services your child received provided in the language he / she preferred? • Yes • No							
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No							
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A member of my family helped me. Someone else helped me. Who?: 							
Thank you for taking the time to answer these questions!							
FOR OFFICE USE ONLY:							
Date of Survey Administration: 1 1 - 2 0 0 3 County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>						
County Question #2: 010 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20 20 20 20 20 20 20 20 20 20 20 20 2	0 0 0 0						
County Question #3: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 7 0 08 0 09 0 10 8 0 09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	⑦ ③						

0

0 0

4 7

81







Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that

EXAMPLE: Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Approximately,	how long	has your ch	ild received	l services l	here?
----------------	----------	-------------	--------------	--------------	-------

○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

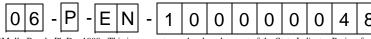
received services for less than one month.

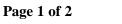
O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

······································	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	it. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and \not or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	ieeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the following questions to let us know a little about your child.							
1. What is your child's gender? ○ Female ○ Male ○ Other							
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown							
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other							
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Od - 30 - 1987: 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iple.)						
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?							
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school							
7. Were the services your child received provided in the language he / she preferred? • Yes • No							
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No							
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A member of my family helped me. Someone else helped me. 							
Thank you for taking the time to answer these questions!							
FOR OFFICE USE ONLY:							
Date of Survey Administration: 1 1 - 2 0 0 3 County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>						
County Question #2: 010 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20 20 20 20 20 20 20 20 20 20 20 20 2	0 0 0 0						
County Question #3: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 7 0 08 0 09 0 10 8 0 09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	⑦ ③						

0

0 0

4

81







YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F) Please help our agency make services better by answering some questions. Your answers are confidential and will not influence

current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Approximately,	how long	has your ch	ild received	l services l	here?
----------------	----------	-------------	--------------	--------------	-------

○ 1 - 2 Months

O More than 1 year

○ This is my child's first visit here.

O My child has had more than one visit but has O 3 - 5 Months

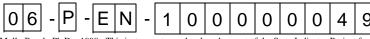
received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** OR if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

••	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	Ο
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.







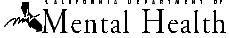


Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.
1. What is your child's gender?	O Female	O Male	O Other		
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp	
5. In the past MONTH , how many					
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber
Were the services your child receiv				? • Yes •) No
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manager helped n
Thank you f	for taking	the time	e to answer ti	hese ques	tions!
	FOR (OFFICE	USE ONLY		
Date of Survey Administration: 1	1 -	-	2 0 0 3		County Client Number
County Question #1: \bigcirc 01 \bigcirc 02 \bigcirc 03 \bigcirc 11 \bigcirc 12 \bigcirc 13				1 0 2 @	000000000000000000000000000000000000000
County Question #2: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	4 4 5 6	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
County Question #3: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	7 0 8 0 9 0 Reasor	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
				○ Ref	○ Imp ○ Lan ○ Oth

1 0 0 0 0 0 0









Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Approximately, how long has your child received	d services here?	
○ This is my child's first visit here.	○ 1 - 2 Months	O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** OR if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	Ο
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page..



Page 1 of 2





Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.
1. What is your child's gender?	O Female	O Male	O Other		
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp	
5. In the past MONTH , how many					
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber
Were the services your child receiv				? • Yes •) No
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manager helped n
Thank you f	for taking	the time	e to answer ti	hese ques	tions!
	FOR (OFFICE	USE ONLY		
Date of Survey Administration: 1	1 -	-	2 0 0 3		County Client Number
County Question #1: \bigcirc 01 \bigcirc 02 \bigcirc 03 \bigcirc 11 \bigcirc 12 \bigcirc 13				1 0 2 @	000000000000000000000000000000000000000
County Question #2: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	4 4 5 6	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
County Question #3: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	7 0 8 0 9 0 Reasor	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
				○ Ref	○ Imp ○ Lan ○ Oth

1 0 0 0 0 0 0 5 0





Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMI**

, pica:	56 HH HI	uie	CHUE	uiai	
PLE:	Correct		Incorre	ect 🗶	

Ap	proximately,	how long	has	your child	received	services	here?
	, , , , , , , , , , , , , , , , , , ,			J			

\sim	TD1 •	•		1 -1 1:	C .	,	1
()	I nic	10	mv	child's	firct	VICIT	noro
\sim	TIIIO	IJ	1111	Cimus	шы	VISIL	mu.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

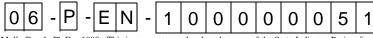
received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter what	t. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for u	ıs. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or t	<u>family 1</u>	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of this	form, if r	eeded.				

We are interested in both positive and negative feedback.









Please answer the fol	lowing qu	estions	to let us know	a little	about	your chile	d.
1. What is your child's gender?	O Female	O Male	Other				
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No	O Unknown	1
What is your child's race? (mark	O American	Indian / Al	askan Native her Pacific Islander		nknown		
4. What is your child's date of birr Date of Birth (mm-dd-y	yyyy)	in the boxe	s AND fill in the EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	April 30, If Birth (mm	1987: n-dd-yyyy) 1987 0000 0000 0000 0000 0000	ample.)
5. In the past MONTH , how many \circ No arrests \circ 1 arrest		r child arres 3 arr		one annesta			
6. How often was your child absenue of 1 day or less 0 3 to 5 0 2 days 0 6 to 10	2 arrestsat from schoodaysAuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMu<td>l during the</td><td>e last MONTH?</td><td>Do not re</td><td>emember</td><td></td><td></td>	l during the	e last MONTH?	Do not re	emember		
7. Were the services your child receiv	•			l? • Yes	O No		
Was written information (e.g., brood education materials) available to yo	chures describi	ng available age you pref	services, your rights er? O Yes	s as a consu O No	mer, and	mental health	1
 Please identify who helped you comous I did not need any help. A mental health advocate / volumental health consumer. A member of my family helped member of my family helped member. 	iteer helped me helped me.	A profe.My chiA staff	essional interviewer ld's clinician / case	helped me manager he my child's	elped me.	or case mana	ger helped m
Thank you f	for taking	the tim	e to answer t	hese qu	estion	s!	
	FOR (FFICE	USE ONLY	<u>Y:</u>			
Date of Survey Administration: 1	1 -	-	2 0 0 3			ty Client Nu	
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	0 14 0 15 0	16 0 17 0) 18 \(\times 19 \(\times 20 \)	1 2	2 2 2	00000	2 2
County Question #2: 0 01 0 02 0 03 0 11 0 12 0 13 County Question #3: 0 01 0 02 0 03 0 11 0 12 0 13	0 14 0 15 00 04 0 05 0	0 16 0 17 0	0 18 0 19 0 20 0 08 0 09 0 10	34 55 66 78			0 0 0 0 0 0 0 0 0 0
				Rea O R	<u>ison</u> :	np 🔾 Lan	O Oth

1 0 0 0 0 0 0 5 1

81









Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Approximately,	how long	has your child	d received	services here?

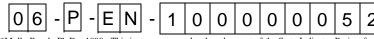
- This is my child's first visit here.
- 1 2 Months
- O More than 1 year
- O My child has had more than one visit but has O 3 5 Months

 - received services for less than one month.
- O 6 months to 1 year

Please answer the following questions based on the **last 6 months** OR if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	Ο
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the following questions to let us know a little about your child.						
1. What is your child's gender? O Female O Male O Other						
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown						
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other						
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth on April 30, 1987: Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 2. Fill in the corresponding circles 2. Fill in the corresponding circles 3. ○ ○ 4. ○ ○ 5. ○ ○ 6. ○ ○ 7. ○ ○ 8. ○ ○ 9. ○ ○ 9. ○ ○ 1. Write in your child's date of birth on April 30, 1987: 1. Write in your child's date of birth (mm-dd-yyyy) 2. Fill in the corresponding circles 3. ○ ○ 4. ○ ○ 5. ○ ○ 6. ○ ○ 9. ○ ○ 9. ○ ○ 9. ○ ○ 9. ○ ○ 9. ○ ○ 9. ○ ○ 9. ○ ○ 9. ○ ○ 9. ○ ○ 9. ○ ○ <t< td=""><td>ple.)</td></t<>	ple.)					
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?						
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O 6 to 10 days O Not applicable / Not in school						
7. Were the services your child received provided in the language he / she preferred? • Yes • No						
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No						
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A staff member other than my child's clinician or case manager helped me. Someone else helped me. 						
Thank you for taking the time to answer these questions!						
FOR OFFICE USE ONLY:						
Date of Survey Administration: 1 1 - 2 0 0 3 County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>					
County Question #2: 010 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20 20 20 20 3 0 0 0 0 0 0 0 0 0 0 0 0	3 4 5					
County Question #3: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 7 0 08 0 09 0 10 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20 County Question #3: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	⑦ ③					

0

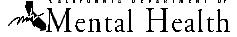
0 0

5 2

81









Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Approximately,	how long	has your child	d received	l services l	here?
----------------	----------	----------------	------------	--------------	-------

0	This	is	mv	child's	first	visit	here.

○ 1 - 2 Months

O More than 1 year

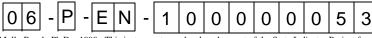
O My child has had more than one visit but has O 3 - 5 Months

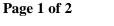
received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22 Place provide comments here and for on the back of this	is form if n	hahaa				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the following questions to let us know a little about your child.						
1. What is your child's gender? O Female O Male O Other						
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown						
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other						
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth on April 30, 1987: Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 2. Fill in the corresponding circles 2. Fill in the corresponding circles 3. ○ ○ 4. ○ ○ 5. ○ ○ 6. ○ ○ 7. ○ ○ 8. ○ ○ 9. ○ ○ 9. ○ ○ 1. Write in your child's date of birth on April 30, 1987: 1. Write in your child's date of birth (mm-dd-yyyy) 2. Fill in the corresponding circles 3. ○ ○ 4. ○ ○ 5. ○ ○ 6. ○ ○ 9. ○ ○ 9. ○ ○ 9. ○ ○ 9. ○ ○ 9. ○ ○ 9. ○ ○ 9. ○ ○ 9. ○ ○ 9. ○ ○ 9. ○ ○ <t< td=""><td>ple.)</td></t<>	ple.)					
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?						
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O 6 to 10 days O Not applicable / Not in school						
7. Were the services your child received provided in the language he / she preferred? • Yes • No						
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No						
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A staff member other than my child's clinician or case manager helped me. Someone else helped me. 						
Thank you for taking the time to answer these questions!						
FOR OFFICE USE ONLY:						
Date of Survey Administration: 1 1 - 2 0 0 3 County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>					
County Question #2: 010 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20 20 20 20 3 0 0 0 0 0 0 0 0 0 0 0 0	3 4 5					
County Question #3: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 7 0 08 0 09 0 10 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20 County Question #3: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	⑦ ③					

0

0 0

5 3

81







Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

		ur child received servic	1 ^
Annovimataly	hour land had wa	un child moccitaed comic	ac hami'
ADDIOXIDATED	. HOW HILLY HAS VO	III (IIIIIII IPI PIVPII SPIVII	es nere:
1 LP PI OZIMILUTOI , ,			

○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family 1	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page...



Page 1 of 2





Please answer the follow	wing questions	to let us know a li	ttle about your child.				
1. What is your child's gender?	Female O Male	Other					
2. Are either of the child's parents of	Mexican / Hispanic	/ Latino origin? O	Yes O No O Unknown				
O Black / African American O	l that apply.) American Indian / Al Native Hawaiian / Ot Other	uskuii i vutive	○ Unknown				
4. What is your child's date of birth? Date of Birth (mm-dd-yyyy)	y)	1. Write in your child's date of birth 2. Fill in the corresponding circles					
5. In the past MONTH , how many tim O No arrests O 1 arrest	nes was your child arres		rocto				
6. How often was your child absent from 1 day or less 0 3 to 5 day 0 2 days 0 6 to 10 day	om school during the	e last MONTH?	not remember				
7. Were the services your child received p			Yes O No				
Was written information (e.g., brochur education materials) available to you ir	res describing available n the language you pref	services, your rights as a der? O Yes O No	consumer, and mental health				
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A staff member other than my child's clinician or case manager helped me. Someone else helped me. 							
Thank you for	taking the tim	e to answer these	e questions!				
	FOR OFFICE	USE ONLY:	-				
Date of Survey Administration: 1 1		2 0 0 3	CSI County Client Number				
County Question #1: 0 01 0 02 0 03 0 0 11 0 12 0 13 0	04 \cap 05 \cap 06 \cap 07 \cap 04 \cap 15 \cap 16 \cap 17 \cap 05	0 08 0 09 0 10 0 18 0 19 0 20	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$				
	04 0 05 0 06 0 07 0 14 0 15 0 16 0 17 0		3 0 0 0 0 0 0 0 0 0 0 0 4 0 0 0 0 0 0 0				
County Question #3: ○ 01 ○ 02 ○ 03 ○ ○ 11 ○ 12 ○ 13 ○	04 0 05 0 06 0 07 0 14 0 15 0 16 0 17 0	08 0 09 0 10 0 18 0 19 0 20	7 0 0 0 0 0 0 0 0 0 0 0 0 8 0 0 0 0 0 0				
			O Ref O Imp O Lan O Oth				

0

0 0

5

81





Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Α.		harri lana	haa	hild masired	l samiass l	
A	pproximately,	now long	nas your c	mua receivea	i services i	iere:

○ This is my child's first visit here.

○ 1 - 2 Months

O My child has had more than one visit but has O 3 - 5 Months

O More than 1 year

received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family 1	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page...









Please answer the following questions to let us know a little about your child.								
1. What is your child's gender? ○ Female ○ Male ○ Other								
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown								
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other								
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 2. Fill in the corresponding 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iple.)							
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?								
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school								
7. Were the services your child received provided in the language he / she preferred? • Yes • No								
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No								
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A staff member other than my child's clinician or case manager helped me. Someone else helped me. 								
Thank you for taking the time to answer these questions!								
FOR OFFICE USE ONLY:								
Date of Survey Administration: 1 1 - 2 0 0 3 County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>							
County Question #2: 010 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20 20 20 20 20 20 20 20 20 20 20 20 2	0 0 0 0							
County Question #3: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 7 0 08 0 09 0 10 8 0 09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	⑦ ③							

0

0 0

5 5







Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that

corresponds to your choice.	Please fill in the circle completely.	EXAMPLE:	Correct	Incorrect	X	•

Approximately, how long has your child received services her
--

\sim	TD1 •	•		1 -1 1:	C .	,	1
()	I nic	10	mv	child's	firct	VICIT	nara
\sim	TIIIO	IJ	1111	Cimus	шы	VISIL	mu.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month.

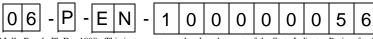
O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter what	t. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for u	ıs. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or:	<u>family r</u>	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of this form, if needed.						

We are interested in both positive and negative feedback.

Continued on the Next Page..



Page 1 of 2





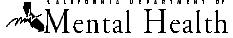
Please answer the fol	lowing qu	estions	to let us know	a little	about	your chile	d.	
1. What is your child's gender?	O Female	O Male	Other					
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No	O Unknown	1	
What is your child's race? (mark	O American	Indian / Al	askan Native her Pacific Islander		nknown			
4. What is your child's date of birr Date of Birth (mm-dd-y	yyyy)	in the boxe	s AND fill in the EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	April 30, If Birth (mm	1987: n-dd-yyyy) 1987 0000 0000 0000 0000 0000	ample.)	
5. In the past MONTH , how many \circ No arrests \circ 1 arrest		r child arres 3 arr		one annesta				
6. How often was your child absenue of 1 day or less 0 3 to 5 0 2 days 0 6 to 10	2 arrestsat from schoodaysAuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMu<td>l during the</td><td>e last MONTH?</td><td>Do not re</td><td>emember</td><td></td><td></td>	l during the	e last MONTH?	Do not re	emember			
7. Were the services your child receiv	•			l? • Yes	O No			
Was written information (e.g., brood education materials) available to yo	chures describi	ng available age you pref	services, your rights er? O Yes	s as a consu O No	mer, and	mental health	1	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A member of my family helped me. Someone else helped me. Who?: 								
Thank you f	for taking	the tim	e to answer t	hese qu	estion	s!		
	FOR (FFICE	USE ONLY	<u>Y:</u>				
Date of Survey Administration: 1	1 -	-	2 0 0 3			ty Client Nu		
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	0 14 0 15 0	16 0 17 0	18 \cap 19 \cap 20	1 2	2 2 2	00000	2 2	
County Question #2: 0 01 0 02 0 03 0 11 0 12 0 13 County Question #3: 0 01 0 02 0 03 0 11 0 12 0 13	0 14 0 15 00 04 0 05 0	0 16 0 17 0	0 18 0 19 0 20 0 08 0 09 0 10	34 55 66 78			0 0 0 0 0 0 0 0 0 0	
				Rea O R	<u>ison</u> :	np 🔾 Lan	O Oth	

1 0 0 0 0 0 0 5 6

81









Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Approximately, l	how long l	has your child	received	l services l	here?
------------------	------------	----------------	----------	--------------	-------

$\overline{}$	TD1 •	•		1 •1 1:	· ·	,	1
()	I nic	10	mv	child's	firct	VICIT	noro
\sim	TIIIO	IJ	1111	Cimas	шы	VISIL	mu.

○ 1 - 2 Months

O My child has had more than one visit but has O 3 - 5 Months

O More than 1 year

received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family 1	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page..









Please answer the following questions to let us know a little about your child.	
1. What is your child's gender? ○ Female ○ Male ○ Other	
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown	
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other	
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 2. Fill in the corresponding 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iple.)
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?	
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school	
7. Were the services your child received provided in the language he / she preferred? • Yes • No	
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager A staff member other than my child's clinician or case manager Someone else helped me. 	helped m
Thank you for taking the time to answer these questions!	
FOR OFFICE USE ONLY:	
Date of Survey Administration: 1 1 - 2 0 0 3 County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>
County Question #2: 010 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20 20 20 20 20 20 20 20 20 20 20 20 2	0 0 0 0
County Question #3: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 7 0 08 0 09 0 10 8 0 09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	⑦ ③

0

0 0

5 7

81





Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current corres

for future services you or j	your child will receive.	For each survey item	i beiow, piea:	se un m u	ie circie mai	4
sponds to your choice.	Please fill in the c	ircle completely.	EXAMPLE :	Correct	Incorrect 🗶	

Approx	imately,	how long	has your	child 1	received	services	here?
--------	----------	----------	----------	---------	----------	----------	-------

○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month.

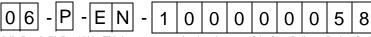
O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

We are interested in both positive and negative feedback.

Continued on the Next Page...









Please answer the following questions to let us know a little about your child.	
1. What is your child's gender? ○ Female ○ Male ○ Other	
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown	
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other	
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 2. Fill in the corresponding 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iple.)
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?	
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school	
7. Were the services your child received provided in the language he / she preferred? • Yes • No	
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager A staff member other than my child's clinician or case manager Someone else helped me. 	helped m
Thank you for taking the time to answer these questions!	
FOR OFFICE USE ONLY:	
Date of Survey Administration: 1 1 - 2 0 0 3 County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>
County Question #2: 010 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20 20 20 20 20 20 20 20 20 20 20 20 2	0 0 0 0
County Question #3: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 7 0 08 0 09 0 10 8 0 09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	⑦ ③

0

0 0

5 8







Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that

corresponds to your choi	ce. Please fill in the circle completely.	EXAMPLE :	Correct	• Incorrect 🗶 🤇

Approximately, 1	how long h	ıas your child	received	l services .	here?
------------------	------------	----------------	----------	--------------	-------

○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family 1	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page...







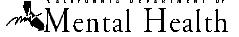


Please answer the fol	lowing qu	estions	to let us know	a little	about	your chile	d.
1. What is your child's gender?	O Female	O Male	Other				
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No	O Unknown	1
What is your child's race? (mark	O American	Indian / Al	askan Native her Pacific Islander		nknown		
4. What is your child's date of birr Date of Birth (mm-dd-y	yyyy)	in the boxe	s AND fill in the EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	April 30, If Birth (mm	1987: n-dd-yyyy) 1987 0000 0000 0000 0000 0000	ample.)
5. In the past MONTH , how many \circ No arrests \circ 1 arrest		r child arres 3 arr		one annesta			
6. How often was your child absenue of 1 day or less 0 3 to 5 0 2 days 0 6 to 10	2 arrestsat from schoodaysAuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMu<td>l during the</td><td>e last MONTH?</td><td>Do not re</td><td>emember</td><td></td><td></td>	l during the	e last MONTH?	Do not re	emember		
7. Were the services your child receiv	•			l? • Yes	O No		
Was written information (e.g., brood education materials) available to yo	chures describi	ng available age you pref	services, your rights er? O Yes	s as a consu O No	mer, and	mental health	1
 Please identify who helped you comous I did not need any help. A mental health advocate / volumental health consumer. A member of my family helped member of my family helped member. 	iteer helped me helped me.	A profe.My chiA staff	essional interviewer ld's clinician / case	helped me manager he my child's	elped me.	or case mana	ger helped m
Thank you f	for taking	the tim	e to answer t	hese qu	estion	s!	
	FOR (FFICE	USE ONLY	<u>Y:</u>			
Date of Survey Administration: 1	1 -	-	2 0 0 3			ty Client Nu	
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	0 14 0 15 0	16 0 17 0	18 \cap 19 \cap 20	1 2	2 2 2	00000	2 2
County Question #2: 0 01 0 02 0 03 0 11 0 12 0 13 County Question #3: 0 01 0 02 0 03 0 11 0 12 0 13	0 14 0 15 00 04 0 05 0	0 16 0 17 0	0 18 0 19 0 20 0 08 0 09 0 10	34 55 66 78			0 0 0 0 0 0 0 0 0 0
				Rea O R	<u>ison</u> :	np 🔾 Lan	O Oth

1 0 0 0 0 0 0 5 9









Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Approximately, l	how long l	has your child	received	l services l	here?
------------------	------------	----------------	----------	--------------	-------

0	This	is	mv	child's	first	visit	here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month.

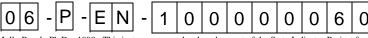
O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

······································	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	it. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and \not or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	ieeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page..









Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.
1. What is your child's gender?	O Female	O Male	O Other		
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp	
5. In the past MONTH , how many					
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber
7. Were the services your child receiv				? • Yes •) No
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manager helped n
Thank you f	for taking	the time	e to answer ti	hese ques	tions!
	FOR (OFFICE	USE ONLY		
Date of Survey Administration: 1	1 -	-	2 0 0 3		County Client Number
County Question #1: \bigcirc 01 \bigcirc 02 \bigcirc 03 \bigcirc 11 \bigcirc 12 \bigcirc 13				1 0 2 @	000000000000000000000000000000000000000
County Question #2: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	4 4 5 6	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
County Question #3: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	7 0 8 0 9 0 Reasor	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
				○ Ref	○ Imp ○ Lan ○ Oth

1 0 0 0 0 0 0 6 0





Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXA**

vv,	hicas	с ин ин	uic	CHUIC	uiat	
MP.	<u>LE</u> :	Correct		Incorr	ect 🗶	(

Approximately,	how long	has your child	received	services here?
11 /	0	J		

○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. 🔿	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page...

0|6 6

Page 1 of 2



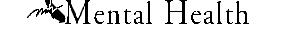


Please answer the fol	lowing qu	estions	to let us know	a little	about	your chile	d.
1. What is your child's gender?	O Female	O Male	Other				
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No	O Unknown	1
What is your child's race? (mark	O American	Indian / Al	askan Native her Pacific Islander		nknown		
4. What is your child's date of birr Date of Birth (mm-dd-y	yyyy)	in the boxe	s AND fill in the EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	April 30, If Birth (mm	1987: n-dd-yyyy) 1987 0000 0000 0000 0000 0000	ample.)
5. In the past MONTH , how many \circ No arrests \circ 1 arrest		r child arres 3 arr		one annesta			
6. How often was your child absenue of 1 day or less 0 3 to 5 0 2 days 0 6 to 10	2 arrestsat from schoodaysAuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMu<td>l during the</td><td>e last MONTH?</td><td>Do not re</td><td>emember</td><td></td><td></td>	l during the	e last MONTH?	Do not re	emember		
7. Were the services your child receiv	•			l? • Yes	O No		
Was written information (e.g., brood education materials) available to yo	chures describi	ng available age you pref	services, your rights er? O Yes	s as a consu O No	mer, and	mental health	1
 Please identify who helped you comous I did not need any help. A mental health advocate / volumental health consumer. A member of my family helped member of my family helped member. 	iteer helped me helped me.	A profe.My chiA staff	essional interviewer ld's clinician / case	helped me manager he my child's	elped me.	or case mana	ger helped m
Thank you f	for taking	the tim	e to answer t	hese qu	estion	s!	
	FOR (FFICE	USE ONLY	<u>Y:</u>			
Date of Survey Administration: 1	1 -	-	2 0 0 3			ty Client Nu	
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	0 14 0 15 0	16 0 17 0	18 \cap 19 \cap 20	1 2	2 2 2	00000	2 2
County Question #2: 0 01 0 02 0 03 0 11 0 12 0 13 County Question #3: 0 01 0 02 0 03 0 11 0 12 0 13	0 14 0 15 00 04 0 05 0	0 16 0 17 0	0 18 0 19 0 20 0 08 0 09 0 10	34 55 66 78			0 0 0 0 0 0 0 0 0 0
				Rea O R	<u>ison</u> :	np 🔾 Lan	O Oth

1 0 0 0 0 0 0 6 1







corresponds to your choice. Please fill in the circle completely.	EXAMPLE: Correct Incorrect
current or future services you or your child will receive. For each survey i	item below, please fill in the circle that
Please help our agency make services better by answering some questions. Y	Your answers are confidential and will not influence

Approximately,	how long	has your child	l received	l services l	here?
----------------	----------	----------------	------------	--------------	-------

0	This	is	mv	child's	first	visit	here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

•	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	t. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for u	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	<u>family r</u>	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of this	s form, if n	eeded.				

We are interested in both positive and negative feedback.

Continued on the Next Page..









Please answer the following questions to let us know a little about your child.	
1. What is your child's gender? ○ Female ○ Male ○ Other	
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown	
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other	
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 2. Fill in the corresponding 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iple.)
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?	
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school	
7. Were the services your child received provided in the language he / she preferred? • Yes • No	
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager A staff member other than my child's clinician or case manager Someone else helped me. 	helped m
Thank you for taking the time to answer these questions!	
FOR OFFICE USE ONLY:	
Date of Survey Administration: 1 1 - 2 0 0 3 County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>
County Question #2: 010 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20 20 20 20 20 20 20 20 20 20 20 20 2	0 0 0 0
County Question #3: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 7 0 08 0 09 0 10 8 0 09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	⑦ ③

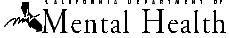
0

0 0

6 2









Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct Incorrect

A	pproximately,	how	long	has	vour child	received	services	here?
	P - 0				.,			

received services for less than one month.

- This is my child's first visit here.
- 1 2 Months

O 6 months to 1 year

O More than 1 year

	J
Please answer the following questions based on the last 6 mo	onths <u>OR</u> if services have not been received for 6 months, just give
answers based on the services that have been received so far. I	ndicate if you Strongly Disagree, Disagree, are Undecided,
Agree , or Strongly Agree with each of the statements below.	If the question is about something you or your child have not

experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply

O My child has had more than one visit but has O 3 - 5 Months

experienced, fill in the circle for Not Applicable to indicate	Strongly Disagree	Disagree	110	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of this form, if needed.						

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page..









Please answer the fol	lowing qu	estions	to let us know	a little	about	your chile	d.	
1. What is your child's gender?	O Female	O Male	Other					
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No	O Unknown	1	
What is your child's race? (mark	O American	Indian / Al	askan Native her Pacific Islander		nknown			
4. What is your child's date of birr Date of Birth (mm-dd-y	yyyy)	in the boxe	s AND fill in the EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	April 30, If Birth (mm	1987: n-dd-yyyy) 1987 0000 0000 0000 0000 0000	ample.)	
5. In the past MONTH , how many \circ No arrests \circ 1 arrest		r child arres 3 arr		one annesta				
6. How often was your child absenue of 1 day or less 0 3 to 5 0 2 days 0 6 to 10	2 arrestsat from schoodaysAuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMu<td>l during the</td><td>e last MONTH?</td><td>Do not re</td><td>emember</td><td></td><td></td>	l during the	e last MONTH?	Do not re	emember			
7. Were the services your child receiv	•			l? • Yes	O No			
Was written information (e.g., brood education materials) available to yo	chures describi	ng available age you pref	services, your rights er? O Yes	s as a consu O No	mer, and	mental health	1	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A member of my family helped me. Someone else helped me. Who?: 								
Thank you f	for taking	the tim	e to answer t	hese qu	estion	s!		
	FOR (FFICE	USE ONLY	<u>Y:</u>				
Date of Survey Administration: 1	1 -	-	2 0 0 3			ty Client Nu		
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	0 14 0 15 0	16 0 17 0	18 \cap 19 \cap 20	1 2	2 2 2	00000	2 2	
County Question #2: 0 01 0 02 0 03 0 11 0 12 0 13 County Question #3: 0 01 0 02 0 03 0 11 0 12 0 13	0 14 0 15 00 04 0 05 0	0 16 0 17 0	0 18 0 19 0 20 0 08 0 09 0 10	34 55 66 78			0 0 0 0 0 0 0 0 0 0	
				Rea O R	<u>ison</u> :	np 🔾 Lan	O Oth	

1 0 0 0 0 0 0 6 3







Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Approximately,	how long	has your child	l received	l services l	here?
----------------	----------	----------------	------------	--------------	-------

○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

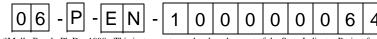
received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Applicable	
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0	
2. I helped to choose my child's services.	0	0	0	0	0	0	
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0	
4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0	
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0	
6. I participated in my child's treatment.	0	0	0	0	0	0	
7. The services my child and / or family received were right for us.	0	0	0	0	0	0	
8. The location of services was convenient for us.	0	0	0	0	0	0	
9. Services were available at times that were convenient for	us. O	0	0	0	0	0	
10. My family got the help we wanted for my child.	0	0	0	0	0	0	
11. My family got as much help as we needed for my child.	0	0	0	0	0	0	
12. Staff treated me with respect.	0	0	0	0	0	0	
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0	
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0	
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0	
As a result of the services my child and / or	family r	<u>eceived:</u>					
16. My child is better at handling daily life.	0	0	0	0	0	0	
17. My child gets along better with family members.	0	0	0	0	0	0	
18. My child gets along better with friends and other people.	0	0	0	0	0	0	
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0	
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0	
21. I am satisfied with our family life right now.	0	0	0	0	0	0	
22. Please provide comments here and /or on the back of this form, if needed.							

We are interested in both positive and negative feedback.

Continued on the Next Page..









Please answer the following questions to let us know a little about your child.	
1. What is your child's gender? ○ Female ○ Male ○ Other	
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown	
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other	
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 2. Fill in the corresponding 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iple.)
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?	
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school	
7. Were the services your child received provided in the language he / she preferred? • Yes • No	
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager A staff member other than my child's clinician or case manager Someone else helped me. 	helped m
Thank you for taking the time to answer these questions!	
FOR OFFICE USE ONLY:	
Date of Survey Administration: 1 1 - 2 0 0 3 County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>
County Question #2: 010 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20 20 20 20 20 20 20 20 20 20 20 20 2	0 0 0 0
County Question #3: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 7 0 08 0 09 0 10 8 0 09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	⑦ ③

0

0 0

6 4

81







Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Approximately, how long has your child received services I	nere?
--	-------

○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

S I	trongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable	
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0	
2. I helped to choose my child's services.	0	0	0	0	0	0	
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0	
4. The people helping my child stuck with us no matter what.	0	0	0	0	0	0	
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0	
6. I participated in my child's treatment.	0	0	0	0	0	0	
The services my child and / or family received were right for us.	0	0	0	0	0	0	
8. The location of services was convenient for us.	0	0	0	0	0	0	
9. Services were available at times that were convenient for us	s. O	0	0	0	0	0	
10. My family got the help we wanted for my child.	0	0	0	0	0	0	
11. My family got as much help as we needed for my child.	0	0	0	0	0	0	
12. Staff treated me with respect.	0	0	0	0	0	0	
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0	
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0	
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0	
As a result of the services my child and / or f	<u>amily 1</u>	<u>eceived:</u>					
16. My child is better at handling daily life.	0	0	0	0	0	0	
17. My child gets along better with family members.	0	0	0	0	0	0	
18. My child gets along better with friends and other people.	0	0	0	0	0	0	
19. My child is doing better in school and / or work.	0	0	0	0	0	0	
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0	
21. I am satisfied with our family life right now.	0	0	0	0	0	0	
22. Please provide comments here and /or on the back of this form, if needed.							

We are interested in both positive and negative feedback.

Continued on the Next Page...



Page 1 of 2





Please answer the following questions to let us know a little about your child.	
1. What is your child's gender? ○ Female ○ Male ○ Other	
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown	
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other	
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 2. Fill in the corresponding 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iple.)
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?	
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school	
7. Were the services your child received provided in the language he / she preferred? • Yes • No	
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager A staff member other than my child's clinician or case manager Someone else helped me. 	helped m
Thank you for taking the time to answer these questions!	
FOR OFFICE USE ONLY:	
Date of Survey Administration: 1 1 - 2 0 0 3 County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>
County Question #2: 010 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20 20 20 20 20 20 20 20 20 20 20 20 2	0 0 0 0
County Question #3: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 7 0 08 0 09 0 10 8 0 09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	⑦ ③

0

0 0

6 5

81







○ 1 - 2 Months

O More than 1 year



YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct Incorrect

 My child has had more than one visit but has received services for less than one month. 	O 3 - 5 N O 6 mon	Aonths ths to 1 yea	r					
Please answer the following questions based on the last 6 months <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree , Disagree , are Undecided , Agree , or Strongly Agree with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for Not Applicable to indicate that this item does not apply.								
	Strongly Disagree	Disagree		Agree	Strongly Agree	Not Applicable		
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0		
2. I helped to choose my child's services.	0	0	0	0	0	0		
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0		
4. The people helping my child stuck with us no matter what	. 0	0	0	0	0	0		
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0		

9. Services were available at times that were convenient for us. \circ \circ \circ \circ 10. My family got the help we wanted for my child. 11. My family got as much help as we needed for my child. 12. Staff treated me with respect.

 \bigcirc \bigcirc \bigcirc \bigcirc 14. Staff spoke with me in a way that I understood. \bigcirc 15. Staff were sensitive to my cultural / ethnic background. As a result of the services my child and / or family received:

16. My child is better at handling daily life. 17. My child gets along better with family members. 18. My child gets along better with friends and other people.

19. My child is doing better in school and / or work. 20. My child is better able to cope when things go wrong.

21. I am satisfied with our family life right now. 22. Please provide comments here and /or on the back of this form, if needed.

We are interested in both positive and negative feedback.

Approximately, how long has your child received services here?

○ This is my child's first visit here.

6. I participated in my child's treatment.

right for us.

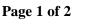
7. The services my child and / or family received were

13. Staff respected my family's religious / spiritual beliefs.

8. The location of services was convenient for us.

Continued on the Next Page..







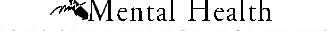


Please answer the fol	lowing qu	estions	to let us know	a little	about	your chile	d.	
1. What is your child's gender?	O Female	O Male	Other					
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No	O Unknown	1	
What is your child's race? (mark	O American	Indian / Al	askan Native her Pacific Islander		nknown			
4. What is your child's date of birr Date of Birth (mm-dd-y	yyyy)	in the boxe	s AND fill in the EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	April 30, If Birth (mm	1987: n-dd-yyyy) 1987 0000 0000 0000 0000 0000	ample.)	
5. In the past MONTH , how many \circ No arrests \circ 1 arrest		r child arres 3 arr		one annesta				
6. How often was your child absenue of 1 day or less 0 3 to 5 0 2 days 0 6 to 10	2 arrestsat from schoodaysAuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMu<td>l during the</td><td>e last MONTH?</td><td>Do not re</td><td>emember</td><td></td><td></td>	l during the	e last MONTH?	Do not re	emember			
7. Were the services your child receiv	•			l? • Yes	O No			
Was written information (e.g., brood education materials) available to yo	chures describi	ng available age you pref	services, your rights er? O Yes	s as a consu O No	mer, and	mental health	1	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A member of my family helped me. Someone else helped me. Who?: 								
Thank you f	for taking	the tim	e to answer t	hese qu	estion	s!		
	FOR (FFICE	USE ONLY	<u>Y:</u>				
Date of Survey Administration: 1	1 -	-	2 0 0 3			ty Client Nu		
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	0 14 0 15 0	16 0 17 0	18 \cap 19 \cap 20	1 2	2 2 2	00000	2 2	
County Question #2: 0 01 0 02 0 03 0 11 0 12 0 13 County Question #3: 0 01 0 02 0 03 0 11 0 12 0 13	0 14 0 15 00 04 0 05 0	0 16 0 17 0	0 18 0 19 0 20 0 08 0 09 0 10	34 55 66 78			0 0 0 0 0 0 0 0 0 0	
				Rea O R	<u>ison</u> :	np 🔾 Lan	O Oth	

1 0 0 0 0 0 0 6 6







YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F) Please help our agency make services better by answering some questions. Your answers are confidential and will not influence

urrent or future services you or your child will receive. I	For each survey ite	m below, plea	se fill in th	ne circle that	
corresponds to your choice. Please fill in the cit	rcle completely.	EXAMPLE:	Correct	Incorrect X	(

Approximately, 1	how long	has your c	hild received	services	here?
------------------	----------	------------	---------------	----------	-------

○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family 1	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page...









Please answer the following questions to let us know a little about your child.	
1. What is your child's gender? ○ Female ○ Male ○ Other	
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown	
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other	
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 2. Fill in the corresponding 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iple.)
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?	
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school	
7. Were the services your child received provided in the language he / she preferred? • Yes • No	
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager A staff member other than my child's clinician or case manager Someone else helped me. 	helped m
Thank you for taking the time to answer these questions!	
FOR OFFICE USE ONLY:	
Date of Survey Administration: 1 1 - 2 0 0 3 County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>
County Question #2: 010 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20 20 20 20 20 20 20 20 20 20 20 20 2	0 0 0 0
County Question #3: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 7 0 08 0 09 0 10 8 0 09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	⑦ ③

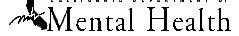
0

0 0

6 7







Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct Incorrect

Approximately, how long has your child received servi

\sim	TT1 •	•		1 •1 1:	· ·	,	1
()	I nic	10	mv	child's	firct	VICIT	noro
\sim	THO	IJ	1111	Cimas	шы	VISIL	mur.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has	O 3 - 5 Months
received services for less than one month.	O 6 months to 1 year
se answer the following questions based on the last 6 m	3

Pleas onths, just give answers based on the services that have been received so far. Indicate if you **Strongly Disagree**, **Disagree**, are **Undecided**, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. 🔿	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page...



Page 1 of 2





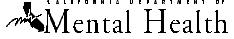
Please answer the fol	lowing qu	estions	to let us know	a little	about	your chile	d.		
1. What is your child's gender?	O Female	O Male	Other						
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No	O Unknown	1		
What is your child's race? (mark	O American	Indian / Al	askan Native her Pacific Islander		nknown				
4. What is your child's date of birr Date of Birth (mm-dd-y	yyyy)	in the boxe	s AND fill in the EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	April 30, If Birth (mm	1987: n-dd-yyyy) 1987 0000 0000 0000 0000 0000	ample.)		
5. In the past MONTH , how many \circ No arrests \circ 1 arrest		r child arres 3 arr		one annesta					
6. How often was your child absenue of 1 day or less 0 3 to 5 0 2 days 0 6 to 10	2 arrestsat from schoodaysAuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMu<td>l during the</td><td>e last MONTH?</td><td>Do not re</td><td>emember</td><td></td><td></td>	l during the	e last MONTH?	Do not re	emember				
7. Were the services your child receiv	•			l? • Yes	O No				
Was written information (e.g., brood education materials) available to yo	chures describi	ng available age you pref	services, your rights er? O Yes	s as a consu O No	mer, and	mental health	1		
I did not need any help.A mental health advocate / volun	 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. 								
Thank you f	for taking	the tim	e to answer t	hese qu	estion	s!			
	FOR (FFICE	USE ONLY	<u>Y:</u>					
Date of Survey Administration: 1	1 -	-	2 0 0 3			ty Client Nu			
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	0 14 0 15 0	16 0 17 0	18 \cap 19 \cap 20	1 2	2 2 2	00000	2 2		
County Question #2: 0 01 0 02 0 03 0 11 0 12 0 13 County Question #3: 0 01 0 02 0 03 0 11 0 12 0 13	0 14 0 15 00 04 0 05 0	0 16 0 17 0	0 18 0 19 0 20 0 08 0 09 0 10	34 55 66 78			0 0 0 0 0 0 0 0 0 0		
				Rea O R	<u>ison</u> :	np 🔾 Lan	O Oth		

1 0 0 0 0 0 0 6 8

81









Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Approximately,	how long	has your child	l received	l services l	here?
----------------	----------	----------------	------------	--------------	-------

- This is my child's first visit here.
- 1 2 Months
- O More than 1 year
- O My child has had more than one visit but has O 3 5 Months

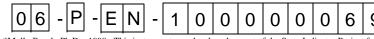
 - received services for less than one month.
- O 6 months to 1 year

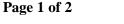
Please answer the following questions based on the **last 6 months** OR if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and \not or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	Ο
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page..









Please answer the fol	lowing qu	estions	to let us know	a little	about	your chile	d.		
1. What is your child's gender?	O Female	O Male	Other						
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No	O Unknown	1		
What is your child's race? (mark	O American	Indian / Al	askan Native her Pacific Islander		nknown				
4. What is your child's date of birr Date of Birth (mm-dd-y	yyyy)	in the boxe	s AND fill in the EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	April 30, If Birth (mm	1987: n-dd-yyyy) 1987 0000 0000 0000 0000 0000	ample.)		
5. In the past MONTH , how many \circ No arrests \circ 1 arrest		r child arres 3 arr		one annesta					
6. How often was your child absenue of 1 day or less 0 3 to 5 0 2 days 0 6 to 10	2 arrestsat from schoodaysAuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMu<td>l during the</td><td>e last MONTH?</td><td>Do not re</td><td>emember</td><td></td><td></td>	l during the	e last MONTH?	Do not re	emember				
7. Were the services your child receiv	•			l? • Yes	O No				
Was written information (e.g., brood education materials) available to yo	chures describi	ng available age you pref	services, your rights er? O Yes	s as a consu O No	mer, and	mental health	1		
I did not need any help.A mental health advocate / volun	 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. 								
Thank you f	for taking	the tim	e to answer t	hese qu	estion	s!			
	FOR (FFICE	USE ONLY	<u>Y:</u>					
Date of Survey Administration: 1	1 -	-	2 0 0 3			ty Client Nu			
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	0 14 0 15 0	16 0 17 0	18 \cap 19 \cap 20	1 2	2 2 2	00000	2 2		
County Question #2: 0 01 0 02 0 03 0 11 0 12 0 13 County Question #3: 0 01 0 02 0 03 0 11 0 12 0 13	0 14 0 15 00 04 0 05 0	0 16 0 17 0	0 18 0 19 0 20 0 08 0 09 0 10	34 55 66 78			0 0 0 0 0 0 0 0 0 0		
				Rea O R	<u>ison</u> :	np 🔾 Lan	O Oth		

1 0 0 0 0 0 0 6 9

81





Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. EXAN

w, picas	с ин иі	шс	CHCIC	uiai	
MPLE:	Correct		Incorr	ect 🗶	(

Approximately,	how long	has your child	received	services here?
11 /	0	J		

○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month.

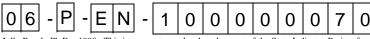
O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter what	t. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for u	ıs. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or t	family 1	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of this	form, if r	eeded.				

We are interested in both positive and negative feedback.

Continued on the Next Page...









Please answer the following questions to let us know a lit	tle about your child.						
1. What is your child's gender? ○ Female ○ Male ○ Other							
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? • Yes	es O No O Unknown						
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other) Unknown						
1. Write in your child's date of birth 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
5. In the past MONTH , how many times was your child arrested for any crimes?							
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrest. How often was your child absent from school during the last MONTH? O 1 day or less O 3 to 5 days O More than 10 days O Do no O 2 days O 6 to 10 days O Not applicable / Not in school	ot remember						
Were the services your child received provided in the language he / she preferred?	Yes ○ No						
Was written information (e.g., brochures describing available services, your rights as a confidence of the ducation materials) available to you in the language you prefer? O Yes O No	onsumer, and mental health						
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A staff member other than my child's clinician or case manager helped me. Someone else helped me. 							
Thank you for taking the time to answer these questions!							
FOR OFFICE USE ONLY:							
Date of Survey Administration: 1 1 - 2 0 0 3 County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10	CSI County Client Number 0 0 0 0 0 0 0 0 0 0 0						
County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20	1 0 0 0 0 0 0 0 0 0 0 0 2 0 0 0 0 0 0 0						
County Question #2: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20	3 0 0 0 0 0 0 0 0 0 0 0 4 0 0 0 0 0 0 0						
County Question #3: 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20	7 0 0 0 0 0 0 0 0 0 0 0 8 0 0 0 0 0 0 0						
	○ Ref ○ Imp ○ Lan ○ Oth						

1 0 0 0 0 0 0 7











Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

	_		_		_		
Λ		harrila	ma haa			~~	L ~~?
ΑH	proximately,	now io	ne nas	vour chiia	receivea	services	nere:
	7-0			.,		2021200	

○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. 🔿	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page..



0|6

Page 1 of 2





Please answer the following questions to let us know a little about your child.							
1. What is your child's gender? O Female O Male O Other							
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown							
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other							
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth on April 30, 1987: Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 2. Fill in the corresponding circles 2. Fill in the corresponding circles 3. ○ ○ 4. ○ ○ 5. ○ ○ 6. ○ ○ 7. ○ ○ 8. ○ ○ 9. ○ ○ 9. ○ ○ 1. Write in your child's date of birth on April 30, 1987: 1. Write in your child's date of birth (mm-dd-yyyy) 2. Fill in the corresponding circles 3. ○ ○ 4. ○ ○ 5. ○ ○ 6. ○ ○ 9. ○ ○ 9. ○ ○ 9. ○ ○ 9. ○ ○ 9. ○ ○ 9. ○ ○ 9. ○ ○ 9. ○ ○ 9. ○ ○ 9. ○ ○ <t< td=""><td>ple.)</td></t<>	ple.)						
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?							
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O 6 to 10 days O Not applicable / Not in school							
7. Were the services your child received provided in the language he / she preferred? • Yes • No							
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No							
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A staff member other than my child's clinician or case manager helped me. Someone else helped me. 							
Thank you for taking the time to answer these questions!							
FOR OFFICE USE ONLY:							
Date of Survey Administration: 1 1 - 2 0 0 3 County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>						
County Question #2: 010 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20 20 20 20 3 0 0 0 0 0 0 0 0 0 0 0 0	3 4 5						
County Question #3: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 7 0 08 0 09 0 10 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20 County Question #3: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	⑦ ③						

0 0 0 7

81







corresponds to your choice. Please fill in the circle completely.	<u>EXAMPLE</u> :	Correct	Incorrect 🗶	Y
current or future services you or your child will receive. For each survey it	tem below, pleas	se fill in th	e circle that	
Please help our agency make services better by answering some questions. Yo	our answers are cor	ıfidential an	d will not influer	ıce

Approximately,	how long	has your ch	ild received	l services l	here?
----------------	----------	-------------	--------------	--------------	-------

0	This	is	mv	child's	first	visit	here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

······································	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	it. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and \not or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	ieeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page..









Please answer the following questions to let us know a little about your child.	
1. What is your child's gender? ○ Female ○ Male ○ Other	
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown	
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other	
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 2. Fill in the corresponding 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iple.)
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?	
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school	
7. Were the services your child received provided in the language he / she preferred? • Yes • No	
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager A staff member other than my child's clinician or case manager Someone else helped me. 	helped m
Thank you for taking the time to answer these questions!	
FOR OFFICE USE ONLY:	
Date of Survey Administration: 1 1 - 2 0 0 3 County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>
County Question #2: 010 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20 20 20 20 20 20 20 20 20 20 20 20 2	0 0 0 0
County Question #3: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 7 0 08 0 09 0 10 8 0 09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	⑦ ③

1 0 0 0

0

0 0

7







Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that

EXAMPLE: Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Approximately, how long has your child received services here?

- This is my child's first visit here.
- 1 2 Months
- O More than 1 year
- O My child has had more than one visit but has O 3 5 Months

 - received services for less than one month.
- O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family 1	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page...



Page 1 of 2





Please answer the following questions to let us know a little about your child.	
1. What is your child's gender? ○ Female ○ Male ○ Other	
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown	
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other	
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 2. Fill in the corresponding 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iple.)
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?	
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school	
7. Were the services your child received provided in the language he / she preferred? • Yes • No	
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager A staff member other than my child's clinician or case manager Someone else helped me. 	helped m
Thank you for taking the time to answer these questions!	
FOR OFFICE USE ONLY:	
Date of Survey Administration: 1 1 - 2 0 0 3 County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>
County Question #2: 010 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20 20 20 20 20 20 20 20 20 20 20 20 2	0 0 0 0
County Question #3: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 7 0 08 0 09 0 10 8 0 09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	⑦ ③

1 0 0 0

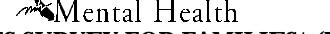
0

0 0

7







YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F) Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corres

ponds to your choice.	Please fill in the circle completely.	EXAMPLE:	Correct	• Incorrect 🗶 •	
					_

Approxima	itely, how	long ha	s your child	received s	services l	iere?	
_		1 .1 1. 0.					_

○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22 Place provide comments here and for on the back of this	is form if n	hahaa				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page...









Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.
1. What is your child's gender?	O Female	O Male	O Other		
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp	
5. In the past MONTH , how many					
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber
7. Were the services your child receiv				? • Yes •) No
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manager helped n
Thank you f	for taking	the time	e to answer ti	hese ques	tions!
	FOR (OFFICE	USE ONLY		
Date of Survey Administration: 1	1 -	-	2 0 0 3		County Client Number
County Question #1: \bigcirc 01 \bigcirc 02 \bigcirc 03 \bigcirc 11 \bigcirc 12 \bigcirc 13				1 0 2 @	000000000000000000000000000000000000000
County Question #2: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	4 4 5 6	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
County Question #3: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	7 0 8 0 9 0 Reasor	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
				○ Ref	○ Imp ○ Lan ○ Oth





Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. **For each survey item below, please fill in the circle that** corresp

ponds to	you	ır ch	oice.	Please 1	fill in t	he ci	rcle	com	ple	tely.	EXAMPLE :	Correct	Incorrect	X	(
		_	-	-											

Approximately	, how long	has your c	child received	services her	e?
Approximatery	, now long	nas your c	illia receivea	services nei	e

○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month.

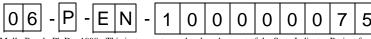
O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter what	t. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for u	ıs. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or t	<u>family 1</u>	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of this	form, if r	eeded.				

We are interested in both positive and negative feedback.

Continued on the Next Page...









Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.
1. What is your child's gender?	O Female	O Male	O Other		
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp	
5. In the past MONTH , how many					
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber
7. Were the services your child receiv				? • Yes •) No
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manager helped n
Thank you f	for taking	the time	e to answer ti	hese ques	tions!
	FOR (OFFICE	USE ONLY		
Date of Survey Administration: 1	1 -	-	2 0 0 3		County Client Number
County Question #1: \bigcirc 01 \bigcirc 02 \bigcirc 03 \bigcirc 11 \bigcirc 12 \bigcirc 13				1 0 2 @	000000000000000000000000000000000000000
County Question #2: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	4 4 5 6	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
County Question #3: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	7 0 8 0 9 0 Reasor	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
				○ Ref	○ Imp ○ Lan ○ Oth

1 0 0 0

0

0 0

7 5







licase help our agency make services better by answering some questions. Tour	ar answers are con	inuciniai anu	will not iiiiu	CHCC
current or future services you or your child will receive. For each survey item	em below, pleas	e fill in the	circle that	
corresponds to your choice. Please fill in the circle completely.	EXAMPLE:	Correct •	Incorrect)	

n, preus	·	CIICIC	CIICLE	
<u> MPLE</u> :	Correct	Incorr	ect 🗶	

A	D	proximately,	how 1	long	has	vour	child	received	services	here?
		· · · · · · · · · · · · · · · · · · ·		- 0		.,				

○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month. O 6 months to 1 year

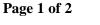
Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. 🔿	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page...









Please answer the following questions to let us know a little about your child.	
1. What is your child's gender? ○ Female ○ Male ○ Other	
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown	
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other	
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 2. Fill in the corresponding 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iple.)
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?	
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school	
7. Were the services your child received provided in the language he / she preferred? • Yes • No	
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager A staff member other than my child's clinician or case manager Someone else helped me. 	helped m
Thank you for taking the time to answer these questions!	
FOR OFFICE USE ONLY:	
Date of Survey Administration: 1 1 - 2 0 0 3 County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>
County Question #2: 010 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20 20 20 20 20 20 20 20 20 20 20 20 2	0 0 0 0
County Question #3: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 7 0 08 0 09 0 10 8 0 09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	⑦ ③

1 0 0 0

0

0 0

7

81





Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. I

ui cima wiii ieceive. I'di each suivey ite	m below, pica	эс ин иг	uic	cheie mai	4
Please fill in the circle completely.	EXAMPLE :	Correct		Incorrect 🗶 🛇	

Approximately, h	ow long l	has your child	received	services l	iere?
------------------	-----------	----------------	----------	------------	-------

○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter what	t. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for u	ıs. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or t	<u>family 1</u>	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of this	form, if r	eeded.				

We are interested in both positive and negative feedback.

Continued on the Next Page...









Please answer the following questions to let us know a little about your child.	
1. What is your child's gender? ○ Female ○ Male ○ Other	
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown	
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other	
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 2. Fill in the corresponding 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iple.)
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?	
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school	
7. Were the services your child received provided in the language he / she preferred? • Yes • No	
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager A staff member other than my child's clinician or case manager Someone else helped me. 	helped m
Thank you for taking the time to answer these questions!	
FOR OFFICE USE ONLY:	
Date of Survey Administration: 1 1 - 2 0 0 3 County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>
County Question #2: 010 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20 20 20 20 20 20 20 20 20 20 20 20 2	0 0 0 0
County Question #3: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 7 0 08 0 09 0 10 8 0 09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	⑦ ③

1 0 0 0

0 0 0 7

81







Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Approximately.	how long	has vour chi	ild received	services here?
		,		50111005 110101

0',	l'his	is	my	child's	first	visit	here.
-----	-------	----	----	---------	-------	-------	-------

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter what	. 0	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for u	is. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or t	<u>family 1</u>	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of this	form, if r	ieeded.				

We are interested in both positive and negative feedback.

Continued on the Next Page..



Page 1 of 2





Please answer the following questions to let us know a little about your child.	
1. What is your child's gender? ○ Female ○ Male ○ Other	
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown	
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other	
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 2. Fill in the corresponding 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iple.)
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?	
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school	
7. Were the services your child received provided in the language he / she preferred? • Yes • No	
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager A staff member other than my child's clinician or case manager Someone else helped me. 	helped m
Thank you for taking the time to answer these questions!	
FOR OFFICE USE ONLY:	
Date of Survey Administration: 1 1 - 2 0 0 3 County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>
County Question #2: 010 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20 20 20 20 20 20 20 20 20 20 20 20 2	0 0 0 0
County Question #3: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 7 0 08 0 09 0 10 8 0 09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	⑦ ③

1 0 0 0

0

0 0

7









Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Ar	proximately,	how long	has you	r child 1	received	services	here?
	, , , , , , , , , , , , , , , , , , ,		, J				

- This is my child's first visit here.
- 1 2 Months
- O More than 1 year
- O My child has had more than one visit but has O 3 5 Months

 - received services for less than one month.
- O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

······································	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	it. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and \not or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	ieeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page..









Please answer the fol	lowing qu	estions	to let us know	a little	about	your chile	d.
1. What is your child's gender?	O Female	O Male	Other				
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No	O Unknown	1
What is your child's race? (mark	O American	Indian / Al	askan Native her Pacific Islander		nknown		
4. What is your child's date of birr Date of Birth (mm-dd-y	yyyy)	in the boxe	s AND fill in the EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	April 30, If Birth (mm	1987: n-dd-yyyy) 1987 0000 0000 0000 0000 0000	ample.)
5. In the past MONTH , how many \circ No arrests \circ 1 arrest		r child arres 3 arr		one annesta			
6. How often was your child absenue of 1 day or less 0 3 to 5 0 2 days 0 6 to 10	2 arrestsat from schoodaysAuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMu<td>l during the</td><td>e last MONTH?</td><td>Do not re</td><td>emember</td><td></td><td></td>	l during the	e last MONTH?	Do not re	emember		
7. Were the services your child receiv	•			l? • Yes	O No		
Was written information (e.g., brood education materials) available to yo	chures describi	ng available age you pref	services, your rights er? O Yes	s as a consu O No	mer, and	mental health	1
 Please identify who helped you comous I did not need any help. A mental health advocate / volumental health consumer. A member of my family helped member of my family helped member. 	iteer helped me helped me.	A profe.My chiA staff	essional interviewer ld's clinician / case	helped me manager he my child's	elped me.	or case mana	ger helped m
Thank you f	for taking	the tim	e to answer t	hese qu	estion	s!	
	FOR (FFICE	USE ONLY	<u>Y:</u>			
Date of Survey Administration: 1	1 -	-	2 0 0 3			ty Client Nu	
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	0 14 0 15 0	16 0 17 0	18 0 19 0 20	1 2	2 2 2	00000	2 2
County Question #2: 0 01 0 02 0 03 0 11 0 12 0 13 County Question #3: 0 01 0 02 0 03 0 11 0 12 0 13	0 14 0 15 00 04 0 05 0	0 16 0 17 0	0 18 0 19 0 20 0 08 0 09 0 10	34 55 66 78			0 0 0 0 0 0 0 0 0 0
				Rea O R	<u>ison</u> :	np 🔾 Lan	O Oth









Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Approximately, how long has your child received ser	vices here?	
O This is my child's first visit here.	○ 1 - 2 Months	O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

······································	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	it. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and \not or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	ieeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page..









Please answer the fol	lowing que	estions t	o let us know	a little about your child.
1. What is your child's gender?	O Female	O Male	O Other	
2. Are either of the child's parents	of Mexican /	Hispanic .	/ Latino origin?	○ Yes ○ No ○ Unknown
What is your child's race? (mark	O American	Indian / Ala	skan Native ner Pacific Islander	O Unknown
4. What is your child's date of bird Date of Birth (mm-dd-y -	yyy)]))))))	n the boxes		ircles that correspond. See Example.) of birth on April 30, 1987: Date of Birth (mm-dd-yyyy) 04 - 30 - 1987 0 0 0 0 0 0 0 0 1 00 00 00 0 2 00 00 00 0 3 00 0 0 0 0 0 4 0 0 0 0 0 0 5 00 0 0 0 0 6 00 0 0 0 0 0 8 00 0 0 0 0 9 0 0 0 0 0 0 9 0 0 0 0 0
5. In the past MONTH , how many \circ No arrests \circ 1 arrest	times was your • 2 arrests	child arrest		re arrests
6. How often was your child absen 0 1 day or less 0 2 days 0 6 to 10	t from school days ○ Mo	during the	last MONTH?	Do not remember
7. Were the services your child receive	ed provided in	the language	e he / she preferred?	^o ○ Yes ○ No
Was written information (e.g., broce education materials) available to yo	chures describir ou in the langua	ng available : ge you prefe	services, your rights er? O Yes C	as a consumer, and mental health No
 Please identify who helped you cor I did not need any help. A mental health advocate / volun Another mental health consumer A member of my family helped re 	teer helped me helped me.	A profeMy chilA staff	ssional interviewer l d's clinician / case n	helped me. nanager helped me. my child's clinician or case manager helped m
Thank you f	or taking	the time	e to answer tl	nese questions!
	FOR C	FFICE	USE ONLY	7.
Date of Survey Administration: 1	1 -	-	2 0 0 3	CSI County Client Number
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13				1 0 0 0 0 0 0 0 0 0 0 0 2 0 0 0 0 0 0 0
County Question #2: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13				3 0 0 0 0 0 0 0 0 0 0 4 0 0 0 0 0 0 0 0
County Question #3: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	06 O 07 C 16 O 17 C	0 08 \cap 09 \cap 10 0 18 \cap 19 \cap 20	7 0 0 0 0 0 0 0 0 0 0 0 8 0 0 0 0 0 0 0
				O Ref O Imp O Lan O Oth



○ This is my child's first visit here.



○ 1 - 2 Months

YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F)

O More than 1 year

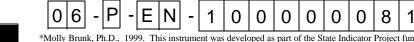
Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.

EXAMPLE: Correct

esponds to your choice. Please fill in the circle completely.	EXAMPLE:	Correct	Incorrect	
Approximately, how long has your child received services here?				

O My child has had more than one visit but has received services for less than one month.			r	J							
Please answer the following questions based on the last 6 months <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree , Disagree , are Undecided , Agree , or Strongly Agree with each of the statements below. If the question is about something you or your child have not											
experienced, fill in the circle for Not Applicable to indicate the state of the s	nat this ite. Strongly D isagree		undecided	Agree	Strongly Agree	Not Applicable					
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0					
2. I helped to choose my child's services.	0	0	0	0	0	0					
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0					
4. The people helping my child stuck with us no matter what	. 0	0	0	0	0	0					
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0					
6. I participated in my child's treatment.	0	0	0	0	0	0					
7. The services my child and / or family received were right for us.	0	0	0	0	0	0					
8. The location of services was convenient for us.	0	0	0	0	0	0					
9. Services were available at times that were convenient for u	s. O	0	0	0	0	0					
10. My family got the help we wanted for my child.	0	0	0	0	0	0					
11. My family got as much help as we needed for my child.	0	0	0	0	0	0					
12. Staff treated me with respect.	0	0	0	0	0	0					
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0					
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0					
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0					
As a result of the services my child and / or f	<u>family r</u>	<u>eceived:</u>									
16. My child is better at handling daily life.	0	0	0	0	0	0					
17. My child gets along better with family members.	0	0	0	0	0	0					
18. My child gets along better with friends and other people.	0	0	0	0	0	0					
19. My child is doing better in school and / or work.	0	0	0	0	0	0					
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0					
21. I am satisfied with our family life right now.	0	0	0	0	0	0					
22. Please provide comments here and /or on the back of this We are interested in both positive and negative feedback.	form, if no	eeded.									

Continued on the Next Page...







Please answer the fol	lowing qu	estions	to let us know	a little	about	your chile	d.
1. What is your child's gender?	O Female	O Male	Other				
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No	O Unknown	1
What is your child's race? (mark	O American	Indian / Al	askan Native her Pacific Islander		nknown		
4. What is your child's date of birr Date of Birth (mm-dd-y	yyyy)	in the boxe	s AND fill in the EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	April 30, If Birth (mm	1987: n-dd-yyyy) 1987 0000 0000 0000 0000 0000	ample.)
5. In the past MONTH , how many \circ No arrests \circ 1 arrest		r child arres 3 arr		one annesta			
6. How often was your child absenue of 1 day or less 0 3 to 5 0 2 days 0 6 to 10	2 arrestsat from schoodaysAuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMu<td>l during the</td><td>e last MONTH?</td><td>Do not re</td><td>emember</td><td></td><td></td>	l during the	e last MONTH?	Do not re	emember		
7. Were the services your child receiv	•			l? • Yes	O No		
Was written information (e.g., brood education materials) available to yo	chures describi	ng available age you pref	services, your rights er? O Yes	s as a consu O No	mer, and	mental health	1
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A staff member other than my child's clinician or case manager helped me. Someone else helped me. 							
Thank you f	for taking	the tim	e to answer t	hese qu	estion	s!	
	FOR (FFICE	USE ONLY	<u>Y:</u>			
Date of Survey Administration: 1	1 -	-	2 0 0 3			ty Client Nu	
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	0 14 0 15 0	16 0 17 0	18 0 19 0 20	1 2	2 2 2	00000	2 2
County Question #2: 0 01 0 02 0 03 0 11 0 12 0 13 County Question #3: 0 01 0 02 0 03 0 11 0 12 0 13	0 14 0 15 00 04 0 05 0	0 16 0 17 0	0 18 0 19 0 20 0 08 0 09 0 10	34 55 66 78			0 0 0 0 0 0 0 0 0 0
				Rea O R	<u>ison</u> :	np 🔾 Lan	O Oth

81





Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresi

ponds to your choice.	Please fill in the circle completely.	EXAMPLE:	Correct	• Incorrect 🗶 •	
					_

Approximately, l	how long l	has your child	received	l services l	here?
------------------	------------	----------------	----------	--------------	-------

\sim	TD1 •	•		1 -1 1:	C .	,	1
()	I nic	10	mv	child's	firct	VICIT	nere
\sim	11113	IJ	1111	cimas	шы	A TOLL	HULU.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

•	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	t. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for u	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	<u>family r</u>	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of this	s form, if n	eeded.				

We are interested in both positive and negative feedback.

Continued on the Next Page..



0|6 8

Page 1 of 2

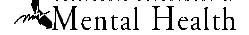




Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.		
1. What is your child's gender?	O Female	O Male	O Other				
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown		
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own		
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp			
5. In the past MONTH , how many							
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber		
7. Were the services your child receiv				? • Yes •) No		
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health		
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A staff member other than my child's clinician or case manager helped me. Someone else helped me. 							
Thank you f	for taking	the time	e to answer ti	hese ques	tions!		
	FOR (OFFICE	USE ONLY				
Date of Survey Administration: 1	1 -	-	2 0 0 3		County Client Number		
County Question #1: \bigcirc 01 \bigcirc 02 \bigcirc 03 \bigcirc 11 \bigcirc 12 \bigcirc 13				1 0 2 @	000000000000000000000000000000000000000		
County Question #2: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	4 4 5 6	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
County Question #3: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	7 0 8 0 9 0 Reasor	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
				○ Ref	○ Imp ○ Lan ○ Oth		









Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Ap	proximately,	how long	has	your child	received	services	here?
	, , , , , , , , , , , , , , , , , , ,			J			

- This is my child's first visit here.
- 1 2 Months
- O More than 1 year
- O My child has had more than one visit but has O 3 5 Months

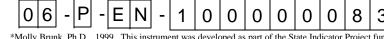
 - received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. 🔿	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page..







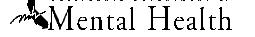


Please answer the fol	lowing qu	estions	to let us know	a little	about	your chile	d.
1. What is your child's gender?	O Female	O Male	Other				
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No	O Unknown	1
What is your child's race? (mark	O American	Indian / Al	askan Native her Pacific Islander		nknown		
4. What is your child's date of birr Date of Birth (mm-dd-y	yyyy)	in the boxe	s AND fill in the EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	April 30, If Birth (mm	1987: n-dd-yyyy) 1987 0000 0000 0000 0000 0000	ample.)
5. In the past MONTH , how many \circ No arrests \circ 1 arrest		r child arres 3 arr		one annesta			
6. How often was your child absenue of 1 day or less 0 3 to 5 0 2 days 0 6 to 10	2 arrestsat from schoodaysAuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMu<td>l during the</td><td>e last MONTH?</td><td>Do not re</td><td>emember</td><td></td><td></td>	l during the	e last MONTH?	Do not re	emember		
7. Were the services your child receiv	•			l? • Yes	O No		
Was written information (e.g., brood education materials) available to yo	chures describi	ng available age you pref	services, your rights er? O Yes	s as a consu O No	mer, and	mental health	1
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A staff member other than my child's clinician or case manager helped me. Someone else helped me. 							
Thank you f	for taking	the tim	e to answer t	hese qu	estion	s!	
	FOR (FFICE	USE ONLY	<u>Y:</u>			
Date of Survey Administration: 1	1 -	-	2 0 0 3			ty Client Nu	
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	0 14 0 15 0	16 0 17 0	18 0 19 0 20	1 2	2 2 2	00000	2 2
County Question #2: 0 01 0 02 0 03 0 11 0 12 0 13 County Question #3: 0 01 0 02 0 03 0 11 0 12 0 13	0 14 0 15 00 04 0 05 0	0 16 0 17 0	0 18 0 19 0 20 0 08 0 09 0 10	34 55 66 78			0 0 0 0 0 0 0 0 0 0
				Rea O R	<u>ison</u> :	np 🔾 Lan	O Oth

81









Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Approximately,	how long	has your child	received	l services	here?
----------------	----------	----------------	----------	------------	-------

• This is my child's first visit he) This	s is m	v child's	first	visit	here
-------------------------------------	--------	--------	-----------	-------	-------	------

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month.

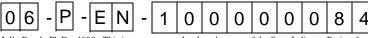
O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable	
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0	
2. I helped to choose my child's services.	0	0	0	0	0	0	
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0	
4. The people helping my child stuck with us no matter what	t. 🔿	0	0	0	0	0	
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0	
6. I participated in my child's treatment.	0	0	0	0	0	0	
7. The services my child and / or family received were right for us.	0	0	0	0	0	0	
8. The location of services was convenient for us.	0	0	0	0	0	0	
9. Services were available at times that were convenient for u	ıs. O	0	0	0	0	0	
10. My family got the help we wanted for my child.	0	0	0	0	0	0	
11. My family got as much help as we needed for my child.	0	0	0	0	0	0	
12. Staff treated me with respect.	0	0	0	0	0	0	
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0	
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0	
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0	
As a result of the services my child and / or:	<u>family r</u>	<u>eceived:</u>					
16. My child is better at handling daily life.	0	0	0	0	0	0	
17. My child gets along better with family members.	0	0	0	0	0	0	
18. My child gets along better with friends and other people.	0	0	0	0	0	0	
19. My child is doing better in school and / or work.	0	0	0	0	0	0	
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0	
21. I am satisfied with our family life right now.	0	0	0	0	0	0	
22. Please provide comments here and /or on the back of this form, if needed.							

We are interested in both positive and negative feedback.

Continued on the Next Page...









Please answer the fol	lowing que	estions t	o let us know	a little about your child.
1. What is your child's gender?	O Female	O Male	O Other	
2. Are either of the child's parents	of Mexican /	Hispanic .	/ Latino origin?	○ Yes ○ No ○ Unknown
What is your child's race? (mark	O American	Indian / Ala	skan Native ner Pacific Islander	O Unknown
4. What is your child's date of bird Date of Birth (mm-dd-y -	yyy)]))))))	n the boxes		ircles that correspond. See Example.) of birth on April 30, 1987: Date of Birth (mm-dd-yyyy) 04 - 30 - 1987 0 0 0 0 0 0 0 0 1 00 00 00 0 2 00 00 00 0 3 00 0 0 0 0 0 4 0 0 0 0 0 0 5 00 0 0 0 0 6 00 0 0 0 0 0 8 00 0 0 0 0 9 0 0 0 0 0 0 9 0 0 0 0 0
5. In the past MONTH , how many \circ No arrests \circ 1 arrest	times was your • 2 arrests	child arrest		re arrests
6. How often was your child absen 0 1 day or less 0 2 days 0 6 to 10	t from school days ○ Mo	during the	last MONTH?	Do not remember
7. Were the services your child receive	ed provided in	the language	e he / she preferred?	^o ○ Yes ○ No
Was written information (e.g., broce education materials) available to yo	chures describir ou in the langua	ng available : ge you prefe	services, your rights er? O Yes C	as a consumer, and mental health No
 Please identify who helped you cor I did not need any help. A mental health advocate / volun Another mental health consumer A member of my family helped re 	teer helped me helped me.	A profeMy chilA staff	ssional interviewer l d's clinician / case n	helped me. nanager helped me. my child's clinician or case manager helped m
Thank you f	or taking	the time	e to answer tl	nese questions!
	FOR C	FFICE	USE ONLY	7.
Date of Survey Administration: 1	1 -	-	2 0 0 3	CSI County Client Number
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13				1 0 0 0 0 0 0 0 0 0 0 0 2 0 0 0 0 0 0 0
County Question #2: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13				3 0 0 0 0 0 0 0 0 0 0 4 0 0 0 0 0 0 0 0
County Question #3: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	06 O 07 C 16 O 17 C	0 08 \cap 09 \cap 10 0 18 \cap 19 \cap 20	7 0 0 0 0 0 0 0 0 0 0 0 8 0 0 0 0 0 0 0
				O Ref O Imp O Lan O Oth







corresponds to your choice. Please fill in the circle completely	y. <u>EXAMPLE</u> :	Correct	Incorrect 🗶 🤇	
current or future services you or your child will receive. For each survey	item below, plea	ise fill in the	e circle that	
Please help our agency make services better by answering some questions.	Your answers are co	mnaemaa and	a will not influenc	е

Approximately,	how long	has your chil	d received	l services	here?
----------------	----------	---------------	------------	------------	-------

○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter what	t. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for u	ıs. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or:	<u>family r</u>	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of this	s form, if n	eeded.				

We are interested in both positive and negative feedback.

Continued on the Next Page..



Page 1 of 2





Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.
1. What is your child's gender?	O Female	O Male	O Other		
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp	
5. In the past MONTH , how many					
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber
7. Were the services your child receiv				? • Yes •) No
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manager helped n
Thank you f	for taking	the time	e to answer ti	hese ques	tions!
	FOR (OFFICE	USE ONLY		
Date of Survey Administration: 1	1 -	-	2 0 0 3		County Client Number
County Question #1: \bigcirc 01 \bigcirc 02 \bigcirc 03 \bigcirc 11 \bigcirc 12 \bigcirc 13				1 0 2 @	000000000000000000000000000000000000000
County Question #2: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	4 4 5 6	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
County Question #3: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	7 0 8 0 9 0 Reasor	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
				○ Ref	○ Imp ○ Lan ○ Oth

1 0 0 0

0

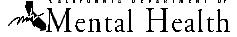
0 0

8 5

81









Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Approximately	, how long has	your child received	services here?
----------------------	----------------	---------------------	----------------

○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month. O 6 months to 1 year

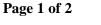
Please answer the following questions based on the **last 6 months** OR if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

••	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	Ο
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page..









Please answer the fol	lowing qu	estions	to let us know	a little	about	your chile	d.
1. What is your child's gender?	O Female	O Male	Other				
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No	O Unknown	1
What is your child's race? (mark	O American	Indian / Al	askan Native her Pacific Islander		nknown		
4. What is your child's date of birr Date of Birth (mm-dd-y	yyyy)	in the boxe	s AND fill in the EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	April 30, If Birth (mm	1987: n-dd-yyyy) 1987 0000 0000 0000 0000 0000	ample.)
5. In the past MONTH , how many \circ No arrests \circ 1 arrest		r child arres 3 arr		one annesta			
6. How often was your child absenue of 1 day or less 0 3 to 5 0 2 days 0 6 to 10	2 arrestsat from schoodaysAuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMu<td>l during the</td><td>e last MONTH?</td><td>Do not re</td><td>emember</td><td></td><td></td>	l during the	e last MONTH?	Do not re	emember		
7. Were the services your child receiv	•			l? • Yes	O No		
Was written information (e.g., brood education materials) available to yo	chures describi	ng available age you pref	services, your rights er? O Yes	s as a consu O No	mer, and	mental health	1
 Please identify who helped you comous I did not need any help. A mental health advocate / volumental health consumer. A member of my family helped member of my family helped member. 	iteer helped me helped me.	A profe.My chiA staff	essional interviewer ld's clinician / case	helped me manager he my child's	elped me.	or case mana	ger helped m
Thank you f	for taking	the tim	e to answer t	hese qu	estion	s!	
	FOR (FFICE	USE ONLY	<u>Y:</u>			
Date of Survey Administration: 1	1 -	-	2 0 0 3			ty Client Nu	
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	0 14 0 15 0	16 0 17 0	18 0 19 0 20	1 2	2 2 2	00000	2 2
County Question #2: 0 01 0 02 0 03 0 11 0 12 0 13 County Question #3: 0 01 0 02 0 03 0 11 0 12 0 13	0 14 0 15 00 04 0 05 0	0 16 0 17 0	0 18 0 19 0 20 0 08 0 09 0 10	34 55 66 78			0 0 0 0 0 0 0 0 0 0
				Rea O R	<u>ison</u> :	np 🔾 Lan	O Oth





Please help our agency make services better by answering some questions. Your answers are confidential and will not influence or your shild will receive For each curvey item helesy places fill in the circle that corres

or future services you or your child will receive. For each survey i	item below, piea	se un m (me chcle mat	. 4
ponds to your choice. Please fill in the circle completely.	EXAMPLE:	Correct	• Incorrect	

Approximately,	how long	has your child	received	l services l	here?
----------------	----------	----------------	----------	--------------	-------

\circ	Thic	ic	mu	child's	firet	vicit	horo
\circ	11112	12	1117	Cilliu 3	шы	VISIU	nere.

○ 1 - 2 Months

O More than 1 year

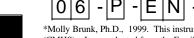
O My child has had more than one visit but has O 3 - 5 Months received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

We are interested in both positive and negative feedback.

Continued on the Next Page...









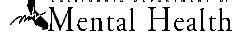


Please answer the fo	llowing qu	estions	to let us know	a little	about	your chil	d.	
1. What is your child's gender?	O Female	O Male	Other					
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No	O Unknown	1	
What is your child's race? (mar.	O American	Indian / Al	askan Native her Pacific Islander		ıknown			
4. What is your child's date of bir Date of Birth (mm-dd-y	/yyy)	in the boxe	s AND fill in the EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	April 30, If Birth (mn) If Birth (mn) If Do Color (mn) If Do C	1987: n-dd-yyyy) 1987 000 0000 0000 0000 0000	ample.)	
5. In the past MONTH, how many								
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysMdaysON	O 3 arr l during the ore than 10 ot applicabl	e last MONTH?	Do not re	emember			
7. Were the services your child receiv	·			l? • Yes	O No			
Was written information (e.g., broom education materials) available to yo	chures describi ou in the langua	ng available age you pref	services, your rights er? O Yes	s as a consu O No	mer, and	mental health	1	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A member of my family helped me. Someone else helped me. Who?: 								
Thank you i	for taking	the tim	e to answer t	hese qu	estion	ıs!		
	FOR (FFICE	USE ONL	<u>Y:</u>				
Date of Survey Administration: 1	1 -	_	2 0 0 3			ty Client Nu		
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	0 14 0 15 0	06 0 07 0) 18 \(\to \) 19 \(\to \) 20	1 2	2 2 2	00000	2 2	
County Question #2: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13 County Question #3: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	0 14 0 15 0 04 0 05 	0 16 0 17 0	0 18 0 19 0 20 0 08 0 09 0 10	3 4 5 6 7 8			0 0 0 0 0 0 0 0 0 0	
				Rea O R	<u>ason</u> :)	⊙ ⊙ Oth	

81









Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Ap	proximately,	how long	has	your child	received	services	here?
	· · · · · · · · · · · · · · · · · · ·			J			

- This is my child's first visit here.
- 1 2 Months
- O More than 1 year
- O My child has had more than one visit but has O 3 5 Months

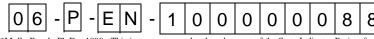
 - received services for less than one month.
- O 6 months to 1 year

Please answer the following questions based on the **last 6 months** OR if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

••	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	Ο
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Continued on the Next Page..









Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.	
1. What is your child's gender?	O Female	O Male	O Other			
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown	
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkn	own	
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	of birth on App Date of Bir 04 - 3 1 00 0 2 00 0 3 00 0 4 0 0 0 5 00 0 7 00 0 8 00 0		mple.)
5. In the past MONTH , how many						
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td><td></td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber	
7. Were the services your child receiv				? • Yes •	No No	
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health	
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manage	er helped m
Thank you f	for taking	the time	e to answer ti	hese ques	stions!	
	FOR (OFFICE	USE ONLY			_
Date of Survey Administration: 1	1 -	-	2 0 0 3		County Client Nun	
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13				1 0 2 @	$egin{pmatrix} 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 $	0 0
County Question #2: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 C14 0 15 C	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	4 4 5 6)	3 3
County Question #3: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	O 04 O 05 C O 14 O 15 C	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	7 0 8 0 9 0 Reaso i)) (3) (3) (9
				○ Ref	○ Imp ○ Lan	O Oth





Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that

current of future services you or	your clind will receive. I've cach survey he	in below, pica	эс ии и и	he chicle mat	4
corresponds to your choice.	Please fill in the circle completely.	EXAMPLE:	Correct	■ Incorrect 🗶	Y
			•		

Approximately,	how long	has your chi	ild received	l services l	here?
----------------	----------	--------------	--------------	--------------	-------

○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month.

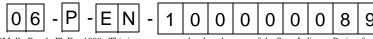
O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

•	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	t. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for u	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	<u>family r</u>	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of this	s form, if n	eeded.				

We are interested in both positive and negative feedback.

Continued on the Next Page..







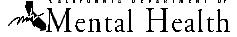


Please answer the fo	llowing qu	estions	to let us know	a little	about	your chil	d.	
1. What is your child's gender?	O Female	O Male	Other					
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No	O Unknown	1	
What is your child's race? (mar.	O American	Indian / Al	askan Native her Pacific Islander		ıknown			
4. What is your child's date of bir Date of Birth (mm-dd-y	/yyy)	in the boxe	s AND fill in the EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	April 30, If Birth (mn) If Birth (mn) If Dividing the control of the control o	1987: n-dd-yyyy) 1987 000 0000 0000 0000 0000	ample.)	
5. In the past MONTH, how many								
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysMdaysON	O 3 arr l during the ore than 10 ot applicabl	e last MONTH?	Do not re	emember			
7. Were the services your child receiv	·			l? • Yes	O No			
Was written information (e.g., broom education materials) available to yo	chures describi ou in the langua	ng available age you pref	services, your rights er? O Yes	s as a consu O No	mer, and	mental health	1	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A member of my family helped me. Someone else helped me. Who?: 								
Thank you i	for taking	the tim	e to answer t	hese qu	estion	ıs!		
	FOR (FFICE	USE ONL	<u>Y:</u>				
Date of Survey Administration: 1	1 -	_	2 0 0 3			ty Client Nu		
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	0 14 0 15 0	06 0 07 0) 18 \(\to \) 19 \(\to \) 20	1 2	2 2 2	00000	2 2	
County Question #2: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13 County Question #3: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	0 14 0 15 0 04 0 05 	0 16 0 17 0	0 18 0 19 0 20 0 08 0 09 0 10	3 4 5 6 7 8			0 0 0 0 0 0 0 0 0 0	
				Rea O R	<u>ason</u> :)	⊙ ⊙ Oth	

81









Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Approximately,	how long	has your child	l received	l services l	here?
----------------	----------	----------------	------------	--------------	-------

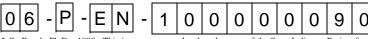
- This is my child's first visit here.
- 1 2 Months
- O More than 1 year
- O My child has had more than one visit but has O 3 5 Months

 - received services for less than one month.
- O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

······································	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	it. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and \not or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	ieeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the follow	wing questions	to let us know a li	ttle about your child.
1. What is your child's gender?	Female O Male	Other	
2. Are either of the child's parents of	Mexican / Hispanic	/ Latino origin? O	Yes O No O Unknown
O Black / African American O	l that apply.) American Indian / Al Native Hawaiian / Ot Other	uskuii i vutive	○ Unknown
4. What is your child's date of birth? Date of Birth (mm-dd-yyyy)	y)	1. Write in your child's date of birth 2. Fill in the corresponding circles	
5. In the past MONTH , how many tim O No arrests O 1 arrest	es was your child arres 2 arrests 0 3 arr		rocto
6. How often was your child absent from 1 day or less 0 3 to 5 day 0 2 days 0 6 to 10 day	om school during the	e last MONTH?	not remember
7. Were the services your child received p			Yes O No
Was written information (e.g., brochur education materials) available to you ir	res describing available n the language you pref	services, your rights as a der? O Yes O No	consumer, and mental health
 Please identify who helped you complete I did not need any help. A mental health advocate / volunteer Another mental health consumer help A member of my family helped me. 	o A prof r helped me. O My chi ped me. O A staff	essional interviewer helpe ld's clinician / case mana	ger helped me. :hild's clinician or case manager helped m
Thank you for	taking the tim	e to answer these	e questions!
	FOR OFFICE	USE ONLY:	-
Date of Survey Administration: 1 1		2 0 0 3	CSI County Client Number
County Question #1: 0 01 0 02 0 03 0 0 11 0 12 0 13 0	04 \cap 05 \cap 06 \cap 07 \cap 04 \cap 15 \cap 16 \cap 17 \cap 05	0 08 0 09 0 10 0 18 0 19 0 20	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$
	04 0 05 0 06 0 07 0 14 0 15 0 16 0 17 0		3 0 0 0 0 0 0 0 0 0 0 0 4 0 0 0 0 0 0 0
County Question #3: ○ 01 ○ 02 ○ 03 ○ ○ 11 ○ 12 ○ 13 ○	04 0 05 0 06 0 07 0 14 0 15 0 16 0 17 0	08 0 09 0 10 0 18 0 19 0 20	7 0 0 0 0 0 0 0 0 0 0 0 0 8 0 0 0 0 0 0
			O Ref O Imp O Lan O Oth

0

0 0

9 0









Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Approximately,	how long	has your child	l received	l services l	here?
----------------	----------	----------------	------------	--------------	-------

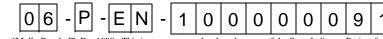
- This is my child's first visit here.
- 1 2 Months
- O More than 1 year
- O My child has had more than one visit but has O 3 5 Months

 - received services for less than one month.
- O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

••	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and \not or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.





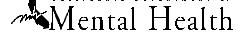




Please answer the fol	lowing qu	estions	to let us know	a little	about	your chile	d.
1. What is your child's gender?	O Female	O Male	Other				
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No	O Unknown	1
What is your child's race? (mark	O American	Indian / Al	askan Native her Pacific Islander		nknown		
4. What is your child's date of birr Date of Birth (mm-dd-y	yyyy)	in the boxe	s AND fill in the EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	April 30, If Birth (mm	1987: n-dd-yyyy) 1987 0000 0000 0000 0000 0000	ample.)
5. In the past MONTH , how many \circ No arrests \circ 1 arrest		r child arres 3 arr		one annesta			
6. How often was your child absenue of 1 day or less 0 3 to 5 0 2 days 0 6 to 10	2 arrestsat from schoodaysAuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMu<td>l during the</td><td>e last MONTH?</td><td>Do not re</td><td>emember</td><td></td><td></td>	l during the	e last MONTH?	Do not re	emember		
7. Were the services your child receiv	•			l? • Yes	O No		
Was written information (e.g., brood education materials) available to yo	chures describi	ng available age you pref	services, your rights er? O Yes	s as a consu O No	mer, and	mental health	1
 Please identify who helped you comous I did not need any help. A mental health advocate / volumental health consumer. A member of my family helped member of my family helped member. 	iteer helped me helped me.	A profe.My chiA staff	essional interviewer ld's clinician / case	helped me manager he my child's	elped me.	or case mana	ger helped m
Thank you f	for taking	the tim	e to answer t	hese qu	estion	s!	
	FOR (FFICE	USE ONLY	<u>Y:</u>			
Date of Survey Administration: 1	1 -	-	2 0 0 3			ty Client Nu	
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	0 14 0 15 0	16 0 17 0	18 0 19 0 20	1 2	2 2 2	00000	2 2
County Question #2: 0 01 0 02 0 03 0 11 0 12 0 13 County Question #3: 0 01 0 02 0 03 0 11 0 12 0 13	0 14 0 15 00 04 0 05 0	0 16 0 17 0	0 18 0 19 0 20 0 08 0 09 0 10	34 55 66 78			0 0 0 0 0 0 0 0 0 0
				Rea O R	<u>ison</u> :	np 🔾 Lan	O Oth







Please help our agency make services better by answering some questions. You	ur answers are confide	ential and v	vill not influen	ice
current or future services you or your child will receive. For each survey ite	em below, please fi	ill in the o	circle that	
corresponds to your choice. Please fill in the circle completely.	EXAMPLE : Con	rrect • 1	Incorrect 🗶	

_	_		_		_	_
Λ.	proximately,	horr long	haa wax	abild mass	accirerca borri	hama?
ΑI	mmximaieiv.	now long	nas vonr	coma rece	ivea services	nere:

○ This is my child's first visit here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter what	t. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for u	ıs. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or:	<u>family r</u>	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of this	s form, if n	eeded.				

Continued on the Next Page..



We are interested in both positive and negative feedback.







Please answer the following questions to let us know a little about your child.	
1. What is your child's gender? ○ Female ○ Male ○ Other	
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown	
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other	
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 2. Fill in the corresponding 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iple.)
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?	
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school	
7. Were the services your child received provided in the language he / she preferred? • Yes • No	
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager A staff member other than my child's clinician or case manager Someone else helped me. 	helped m
Thank you for taking the time to answer these questions!	
FOR OFFICE USE ONLY:	
Date of Survey Administration: 1 1 - 2 0 0 3 County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>
County Question #2: 010 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20 20 20 20 20 20 20 20 20 20 20 20 2	0 0 0 0
County Question #3: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 7 0 08 0 09 0 10 8 0 09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	⑦ ③

0

0 0

9 2







Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Approximately, 1	how long l	has your child	l received	l services l	here?
------------------	------------	----------------	------------	--------------	-------

\circ	This	is	mv	child's	first	visit	here

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family 1	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.





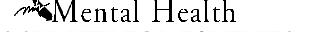




Please answer the fol	lowing que	estions t	o let us know	a little about your child.				
1. What is your child's gender?	O Female	O Male	O Other					
2. Are either of the child's parents	of Mexican /	Hispanic .	/ Latino origin?	○ Yes ○ No ○ Unknown				
What is your child's race? (mark	O American	Indian / Ala	skan Native ner Pacific Islander	O Unknown				
4. What is your child's date of bird Date of Birth (mm-dd-y -	yyy)]))))))	n the boxes		ircles that correspond. See Example.) of birth on April 30, 1987: Date of Birth (mm-dd-yyyy) 04 - 30 - 1987 0 0 0 0 0 0 0 0 1 00 00 00 0 2 00 00 00 0 3 00 0 0 0 0 0 4 0 0 0 0 0 0 5 00 0 0 0 0 6 00 0 0 0 0 0 8 00 0 0 0 0 9 0 0 0 0 0 0 9 0 0 0 0 0				
5. In the past MONTH , how many \circ No arrests \circ 1 arrest	times was your • 2 arrests	child arrest		re arrests				
6. How often was your child absen 0 1 day or less 0 2 days 0 6 to 10	t from school days ○ Mo	during the	last MONTH?	Do not remember				
7. Were the services your child receive	ed provided in	the language	e he / she preferred?	^o ○ Yes ○ No				
Was written information (e.g., broce education materials) available to yo	chures describir ou in the langua	ng available : ge you prefe	services, your rights er? O Yes C	as a consumer, and mental health No				
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A staff member other than my child's clinician or case manager helped me. Someone else helped me. 								
Thank you f	or taking	the time	e to answer tl	nese questions!				
	FOR C	FFICE	USE ONLY	7.				
Date of Survey Administration: 1	1 -	-	2 0 0 3	CSI County Client Number				
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13				1 0 0 0 0 0 0 0 0 0 0 0 2 0 0 0 0 0 0 0				
County Question #2: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13				3 0 0 0 0 0 0 0 0 0 0 4 0 0 0 0 0 0 0 0				
County Question #3: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	06 O 07 C 16 O 17 C	0 08 \cap 09 \cap 10 0 18 \cap 19 \cap 20	7 0 0 0 0 0 0 0 0 0 0 0 8 0 0 0 0 0 0 0				
				O Ref O Imp O Lan O Oth				







YOUTH SERVICES SURVEY FOR FAMILIES* (YSS-F) Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that

EXAMPLE: Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Approximately, how lo	ong has your ch	ild received	l services	here?
-----------------------	-----------------	--------------	------------	-------

0	This	is	mv	child's	first	visit	here.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

······································	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	it. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and \not or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	ieeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.





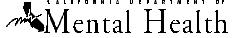


Please answer the fol	llowing qu	estions	to let us know	a little ab	out your child.
1. What is your child's gender?	O Female	O Male	O Other		
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes O	No O Unknown
What is your child's race? (mark ○ White / Caucasian ○ Black / African American ○ Asian	O American	Indian / Ala	askan Native her Pacific Islander	O Unkno	own
4. What is your child's date of bir Date of Birth (mm-dd-y	yyyy)] 	in the boxe	s AND fill in the or EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	Of birth on Appropriate of Birth on Appropriate of Birth on Appropriate of Approp	
5. In the past MONTH , how many					
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysAugustusModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModelModel<!--</td--><td>O 3 arr ol during the fore than 10 ot applicable</td><td>alast MONTH?</td><td>Do not reme</td><td>mber</td>	O 3 arr ol during the fore than 10 ot applicable	alast MONTH?	Do not reme	mber
Were the services your child receiv				? • Yes •) No
Was written information (e.g., brood education materials) available to yo				as a consume No	r, and mental health
 Please identify who helped you con I did not need any help. A mental health advocate / volum Another mental health consumer A member of my family helped in 	nteer helped me helped me.	A profeMy chiA staff	essional interviewer ld's clinician / case	helped me. manager helpe my child's clir	nician or case manager helped n
Thank you f	for taking	the time	e to answer ti	hese ques	tions!
	FOR (OFFICE	USE ONLY		
Date of Survey Administration: 1	1 -	-	2 0 0 3		County Client Number
County Question #1: \bigcirc 01 \bigcirc 02 \bigcirc 03 \bigcirc 11 \bigcirc 12 \bigcirc 13				1 0 2 @	000000000000000000000000000000000000000
County Question #2: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	4 4 5 6	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
County Question #3: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	04 0 05 014 0 15 0	0 06 O 07 C 0 16 O 17 C	0 08 0 09 0 10 0 18 0 19 0 20	7 0 8 0 9 0 Reasor	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
				○ Ref	○ Imp ○ Lan ○ Oth

Page 2 of 2









Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

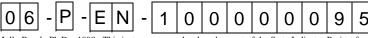
Approximately, how long has your child received	d services here?	
○ This is my child's first visit here.	○ 1 - 2 Months	O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. 🔿	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and $\/$ or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the following questions to let us know a little about your child.								
1. What is your child's gender? ○ Female ○ Male ○ Other								
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown								
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other								
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 2. Fill in the corresponding 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iple.)							
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?								
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O Not applicable / Not in school								
7. Were the services your child received provided in the language he / she preferred? • Yes • No								
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No								
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A staff member other than my child's clinician or case manager helped me. Someone else helped me. 								
Thank you for taking the time to answer these questions!								
FOR OFFICE USE ONLY:								
Date of Survey Administration: 1 1 - 2 0 0 3 County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>							
County Question #2: 010 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20 20 20 20 20 20 20 20 20 20 20 20 2	0 0 0 0							
County Question #3: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 7 0 08 0 09 0 10 8 0 09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	⑦ ③							

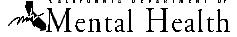
0

0 0

9 5









Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Approximately, how long has your child received services here?	Approximately.	how long	has vour child	received	services here?
--	----------------	----------	----------------	----------	----------------

\sim	TD1 •	•		1 -1 1:	C .	,	1
()	I nic	10	mv	child's	firct	VICIT	noro
\sim	TIIIO	IJ	1111	Cimus	шы	MOIL	mu.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

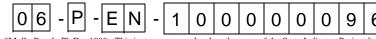
received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	ıt. 🔿	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

We are interested in both positive and negative feedback.









Please answer the follow	wing questions	to let us know a li	ttle about your child.				
1. What is your child's gender?	Female O Male	Other					
2. Are either of the child's parents of	Mexican / Hispanic	/ Latino origin? O	es O No O Unknown				
O Black / African American O	that apply.) American Indian / Al Native Hawaiian / Ot Other	ushum mutive	O Unknown				
4. What is your child's date of birth? Date of Birth (mm-dd-yyyy)	y)	1. Write in your child's date of birth 2. Fill in the corresponding circles	Th on April 30, 1987: Date of Birth (mm-dd-yyyy) 04 - 30 - 1987 000 00 000 000 0000				
5. In the past MONTH , how many time ○ No arrests ○ 1 arrest ○	es was your child arres 2 arrests 0 3 arr		onto.				
How often was your child absent from 1 day or less 0 3 to 5 day 0 2 days 0 6 to 10 da	om school during the	e last MONTH?	not remember				
7. Were the services your child received p			Yes O No				
Was written information (e.g., brochur education materials) available to you in	es describing available the language you pref	services, your rights as a der? O Yes O No	consumer, and mental health				
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A member of my family helped me. Someone else helped me. Who?: 							
Thank you for	taking the tim	e to answer these	e questions!				
<u> </u>	FOR OFFICE	USE ONLY:					
Date of Survey Administration: 1 1		2 0 0 3	CSI County Client Number				
County Question #1: 0 01 0 02 0 03 0 0 0 11 0 12 0 13 0 1	04 0 05 0 06 0 07 0 14 0 15 0 16 0 17 0	0 08 0 09 0 10 0 18 0 19 0 20	0 0 0 0 0 0 0 0 0 0 0 0 1 0 0 0 0 0 0 0				
	04 0 05 0 06 0 07 0 14 0 15 0 16 0 17 0		$ \begin{array}{cccccccccccccccccccccccccccccccccccc$				
County Question #3: 01 0 02 0 03 0 0 01 0 12 0 13 0 1	04 0 05 0 06 0 07 0 14 0 15 0 16 0 17 0	0 08 0 09 0 10 0 18 0 19 0 20	7 0 0 0 0 0 0 0 0 0 0 0 0 8 0 0 0 0 0 0				
			O Ref O Imp O Lan O Oth				

0

0 0

9 6









Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE** Correct Incorrect

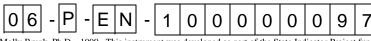
Approximately, how long has your child received ser	vices here?	
This is my child's first visit here.	○ 1 - 2 Months	O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

••	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	at. O	0	0	0	0	0
5. I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and \not or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of thi	s form, if n	eeded.				

22. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.









Please answer the following questions to let us know a little about your child.							
1. What is your child's gender? O Female O Male O Other							
2. Are either of the child's parents of Mexican / Hispanic / Latino origin? O Yes O No O Unknown							
What is your child's race? (mark all that apply.) O White / Caucasian O American Indian / Alaskan Native O Unknown O Black / African American O Native Hawaiian / Other Pacific Islander O Asian O Other							
4. What is your child's date of birth? (Write it in the Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth on April 30, 1987: Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 2. Fill in the corresponding circles 2. Fill in the corresponding circles 3. ○ ○ 4. ○ ○ 5. ○ ○ 6. ○ ○ 7. ○ ○ 8. ○ ○ 9. ○ ○ 9. ○ ○ 1. Write in your child's date of birth on April 30, 1987: 1. Write in your child's date of birth (mm-dd-yyyy) 2. Fill in the corresponding circles 3. ○ ○ 4. ○ ○ 5. ○ ○ 6. ○ ○ 9. ○ ○ 9. ○ ○ 9. ○ ○ 9. ○ ○ 9. ○ ○ 9. ○ ○ 9. ○ ○ 9. ○ ○ 9. ○ ○ 9. ○ ○ <t< td=""><td>ple.)</td></t<>	ple.)						
O No arrests O 1 arrest O 2 arrests O 3 arrests O 4 or more arrests How often was your child absent from school during the last MONTH?							
How often was your child absent from school during the last MONTH ? O 1 day or less O 3 to 5 days O More than 10 days O Do not remember O 2 days O 6 to 10 days O Not applicable / Not in school							
7. Were the services your child received provided in the language he / she preferred? • Yes • No							
Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? O Yes O No							
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. My child's clinician / case manager helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. Someone else helped me. 							
Thank you for taking the time to answer these questions!							
FOR OFFICE USE ONLY:							
Date of Survey Administration: 1 1 - 2 0 0 3 County Question #1: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>						
County Question #2: 010 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20 20 20 20 3 0 0 0 0 0 0 0 0 0 0 0 0	3 4 5						
County Question #3: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 7 0 08 0 09 0 10 11 0 12 0 13 0 14 0 15 0 16 0 17 0 18 0 19 0 20 County Question #3: 0 01 0 02 0 03 0 04 0 05 0 06 0 07 0 08 0 09 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	⑦ ③						

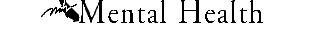
0

0 0

9 7









Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

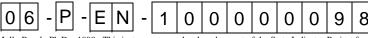
Approximately, now long has your child received se	ervices nere?		
O This is my child's first visit here.	○ 1 - 2 Months	○ More than 1 year	
		•	

O My child has had more than one visit but has O 3 - 5 Months received services for less than one month. O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

······································	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter wha	it. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for	us. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	family r	eceived:				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of this	s form, if n	ieeded.				

Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.





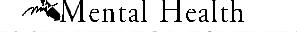




Please answer the fo	llowing qu	estions	to let us know	a little	about	your chil	d.	
1. What is your child's gender?	O Female	O Male	Other					
2. Are either of the child's parents	s of Mexican	/ Hispanic	/ Latino origin?	O Yes	O No	O Unknown	1	
What is your child's race? (mar.	O American	Indian / Al	askan Native her Pacific Islander		ıknown			
4. What is your child's date of bir Date of Birth (mm-dd-y	/yyy)	in the boxe	s AND fill in the EXAMPLE: Date 1. Write in your child's date of birth 2. Fill in the corresponding circles	0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	April 30, If Birth (mn) If Birth (mn) If Do Color (mn) If Do C	1987: n-dd-yyyy) 1987 000 0000 0000 0000 0000	ample.)	
5. In the past MONTH, how many								
O No arrests O 1 arrest How often was your child abser O 1 day or less O 3 to 5 O 2 days O 6 to 1	2 arrestsat from schooldaysMdaysON	O 3 arr l during the ore than 10 ot applicabl	e last MONTH?	Do not re	emember			
7. Were the services your child receiv	·			l? • Yes	O No			
Was written information (e.g., broom education materials) available to yo	chures describi ou in the langua	ng available age you pref	services, your rights er? O Yes	s as a consu O No	mer, and	mental health	1	
 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. A staff member other than my child's clinician or case manager helped me. Someone else helped me. 								
Thank you i	for taking	the tim	e to answer t	hese qu	estion	ıs!		
	FOR (FFICE	USE ONL	<u>Y:</u>				
Date of Survey Administration: 1	1 -	_	2 0 0 3			ty Client Nu		
County Question #1: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	0 14 0 15 0	06 0 07 0) 18 \(\to \) 19 \(\to \) 20	1 2	2 2 2	00000	2 2	
County Question #2: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13 County Question #3: ○ 01 ○ 02 ○ 03 ○ 11 ○ 12 ○ 13	0 14 0 15 0 04 0 05 	0 16 0 17 0	0 18 0 19 0 20 0 08 0 09 0 10	3 4 5 6 7 8			0 0 0 0 0 0 0 0 0 0	
				Rea O R	<u>ison</u> :)	⊙ ⊙ Oth	







Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you or your child will receive. For each survey item below, please fill in the circle that **EXAMPLE:** Correct Incorrect corresponds to your choice. Please fill in the circle completely.

Approximately,	how long	has your child	received	services l	1ere?
----------------	----------	----------------	----------	------------	-------

\circ	Γhic	ic	mv	child's	firet	wicit	horo
\sim	1 1112	12	1111	CHIIIG 5	111151	VISIL	nere.

○ 1 - 2 Months

O More than 1 year

O My child has had more than one visit but has O 3 - 5 Months

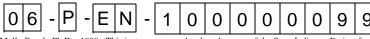
received services for less than one month.

O 6 months to 1 year

Please answer the following questions based on the **last 6 months** <u>OR</u> if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you Strongly Disagree, Disagree, are Undecided, **Agree**, or **Strongly Agree** with each of the statements below. If the question is about something you or your child have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0
2. I helped to choose my child's services.	0	0	0	0	0	0
3. I helped to choose my child's treatment goals.	0	0	0	0	0	0
4. The people helping my child stuck with us no matter what	t. O	0	0	0	0	0
I felt my child had someone to talk to when he / she was troubled.	0	0	0	0	0	0
6. I participated in my child's treatment.	0	0	0	0	0	0
7. The services my child and / or family received were right for us.	0	0	0	0	0	0
8. The location of services was convenient for us.	0	0	0	0	0	0
9. Services were available at times that were convenient for u	ıs. O	0	0	0	0	0
10. My family got the help we wanted for my child.	0	0	0	0	0	0
11. My family got as much help as we needed for my child.	0	0	0	0	0	0
12. Staff treated me with respect.	0	0	0	0	0	0
13. Staff respected my family's religious / spiritual beliefs.	0	0	0	0	0	0
14. Staff spoke with me in a way that I understood.	0	0	0	0	0	0
15. Staff were sensitive to my cultural / ethnic background.	0	0	0	0	0	0
As a result of the services my child and / or	<u>family r</u>	<u>eceived:</u>				
16. My child is better at handling daily life.	0	0	0	0	0	0
17. My child gets along better with family members.	0	0	0	0	0	0
18. My child gets along better with friends and other people.	0	0	0	0	0	0
19. My child is doing better in school and / or work.	0	0	0	0	0	0
20. My child is better able to cope when things go wrong.	0	0	0	0	0	0
21. I am satisfied with our family life right now.	0	0	0	0	0	0
22. Please provide comments here and /or on the back of this	s form, if n	eeded.				

We are interested in both positive and negative feedback.









Please answer the fol	lowing qu	estions	to let us know	a little a	bout yo	ur child	d.		
1.) What is your child's gender?	O Female	O Male	O Other						
2. Are either of the child's parents	of Mexican	/ Hispanic	/ Latino origin?	O Yes (O on C	Unknown			
What is your child's race? (mark	American	Indian / Ala	askan Native her Pacific Islander	O Unki	nown				
4. What is your child's date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.) Date of Birth (mm-dd-yyyy) EXAMPLE: Date of birth on April 30, 1987: 1. Write in your child's date of birth Date of Birth (mm-dd-yyyy) 1. Write in your child's date of birth 0									
O No arrests O 1 arrest How often was your child absented the property of the	days O M	ore than 10	e last MONTH ?	ore arrests Do not rem	nember				
O 2 days O 6 to 10 7. Were the services your child receive	, , ,		Not in school	2 O Vos	O No				
8. Was written information (e.g., broo	hures describi	ng available	services, your rights	as a consum		ntal health	l		
Please identify who helped you como I did not need any help. A mental health advocate / volume	 Please identify who helped you complete any part of this survey (mark all that apply): I did not need any help. A professional interviewer helped me. A mental health advocate / volunteer helped me. Another mental health consumer helped me. A staff member other than my child's clinician or case manager helped me. 								
Thank you f	or taking	the time	e to answer ti	hese que	estions!				
	FOR C	FFICE	USE ONLY	Y:					
Date of Survey Administration: 1 County Question #1: \bigcirc 01 \bigcirc 02 \bigcirc 03 \bigcirc 11 \bigcirc 12 \bigcirc 13 County Question #2: \bigcirc 01 \bigcirc 02 \bigcirc 03	O 14 O 15 C	16 0 17 0	0 18 0 19 0 20	$\begin{bmatrix} 0 \\ 1 \\ 2 \\ 3 \end{bmatrix}$	O O O O	000000000000000000000000000000000000000	0 0 0 0 0 0 0 0		
County Question #2: 0 01 0 02 0 03 0 11 0 12 0 13 County Question #3: 0 01 0 02 0 03 0 11 0 12 0 13	0 14 0 15 00 04 0 05 0	0 16 0 17 0	0 18 0 19 0 20	5 6 7 8			③⑤⑥⑥⑦⑦Ø		

Page 2 of 2



